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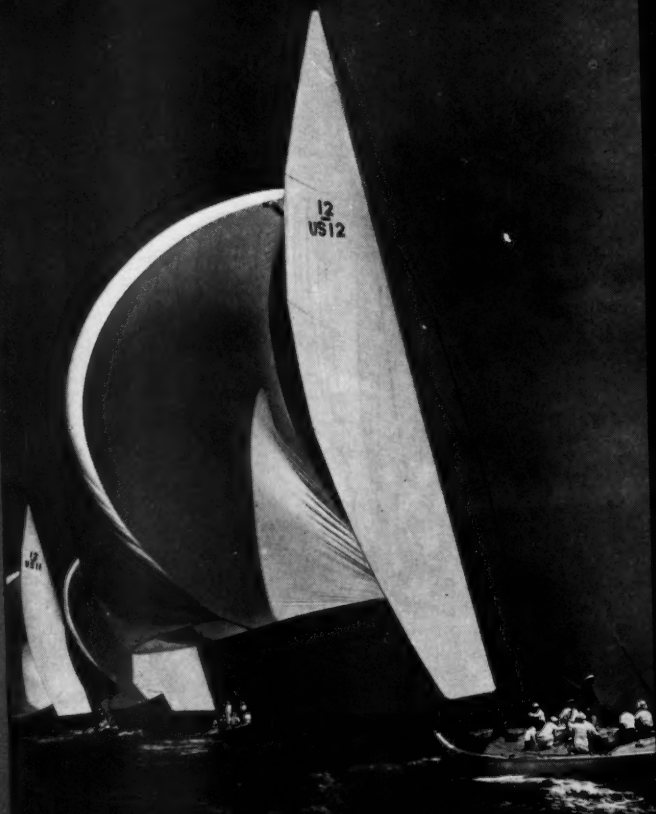
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# Medical economics



JULY 1940

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# FELLOWS' COMPOUND SYRUP

**A most valuable and long-tried compound containing strychnine, quinine, and several valuable mineral salts.**

**Will improve muscle tone and muscle nutrition; and produce a limited amount of respiratory and vasomotor stimulation.**

**Great care is taken in the manufacture of this dependable, bitter Tonic, to ensure that its exceptional quality is maintained.**

**FORMULA: Each fluid drachm. contains**

Strychnine Hydrochloride	Gr. 1/61	Lime Hypophosphite	Gr. 5/16
Manganese Hypophosphite	Gr. 1/8	Iron Pyrophosphate	Gr. 1/8
Potash Hypophosphite	Gr. 1/8	Quinine Sulphate	Gr. 1/20
Soda Hypophosphite	Gr. 1/8		

**Samples on Request**

**Fellows Medical Mfg. Co., Inc.**

**26 Christopher Street**

**New York, N. Y.**



# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

**JULY 1940**

Cover photo by Edwin Levick from Black Star

IN THE NAME OF DEFENSE . . . . .	<i>William Alan Richardson</i>	32	
State medicine boards the preparedness bandwagon			
AVIATION MEDICINE TODAY . . . . .	<i>Henry A. Davidson, M.D.</i>	34	
Flight surgeons pioneer a budding specialty			
OPENED BY MISTAKE . . . . .	<i>Gordon Davidson, LL.B.</i>	41	
On getting legal consent to operations			
A WATCHMAN FOR YOUR PHONE . . . . .	<i>George L. Wolcott, M.D.</i>	44	
Telephone-answering service spreads to small towns			
PRIVATE LIVES: A GALLERY OF DOCTORS WORTH KNOWING . . . . .		46	
The story of the Broadman war-news library			
ASSISTANT, PARTNER—OR TENANT? . . . . .	<i>Anonymous</i>	49	
A favorable report on office-sharing			
ECONOMICS KEYNOTED AT A.M.A. SESSION . . . . .	<i>H. P. Malmgreen</i>	51	
Delegates ask better distribution of medical care			
INVESTING IN INDUSTRY . . . . .	<i>Raymond Hoadley</i>	54	
The petroleum companies			
SPEAKING FRANKLY . . . . .	6	COMBINATION COUCH-CABINET . . . . .	50
SIDELIGHTS . . . . .	19	CARTOON . . . . .	53
EDITORIAL . . . . .	31	CANDY-TIPPED TONGUE BLADES . . . . .	58
LOCATION TIPS . . . . .	40	THE NEWSVANE . . . . .	65
PHONE-NUMBER FINDER . . . . .	42	JUST PUBLISHED . . . . .	92
"I'LL GIVE YOU A RECEIPT!" . . . . .	43	WHERE TO FIND OUR ADVERTISERS . . . . .	94

**CIRCULATION: 135,000**

H. Sheridan Baketel, A.M., M.D., *Editor* • William Alan Richardson, *Managing Editor*  
Patrick O'Sheel and Henry P. Malmgreen, *Associate Editors*  
Russell H. Babb, *Advertising Manager* • Lansing Chapman, *Publisher*  
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## In Dermatological Conditions

such as Acne

Eczema

Psoriasis

Urticaria

Abrasions

and other inflammations of the skin, the attention of the physician is called to the use of

# *Antiphlogistine*



It is Osmotic  
Non-irritating  
Bacteriostatic  
Detersive  
Anti-pruritic  
Repair-promoting

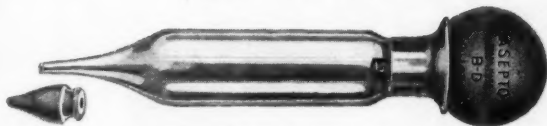
■  
The Denver  
Chemical Mfg. Co.  
163 Varick Street  
New York

JULY 1940

A CONTINUED SERIES ARRANGED BY FIELDS OF PRACTICE

# UROLOGY

## (General)



*Asepto Syringe No. 2061, with soft rubber tip No. 2001. Asepto rubber bulb Syringes were devised to overcome the drawbacks of the old piston type syringe, such as faulty packing and uneven working.*

**BLADDER WORK.** Many urologists prefer for bladder work and regular aspirating and injecting, the Asepto Syringes No. 2061, 1 ounce, No. 2082, 2 ounces and No. 2083, 3 ounces, instead of the old piston type syringe, because the bulb syringes are more comfortable to fill and to empty and are more sanitary. The soft rubber tip (No. 2001) slips over the glass tip for direct injection into the meatus.

**PYELOGRAPHY.** The Asepto Syringe No. 2053 was suggested by Dr. Bransford Lewis and has a conical tip bore that will hold securely any ureteral catheter from 4 to 10, without diminishing the inside lumen. Without bulb it can be used for the gravity method; with bulb, gentle pressure can be applied. The Bandler glass Adapter No. 5039CA has the same conical bore as No. 2053 and can be attached with rubber tubing to the ampoule holding the contrast solution.

**FEMALE URETHRA AND CERVIX.** Dr. Van Buren suggested the Asepto Syringe No. 2045,  $\frac{1}{4}$  ounce. The curved tip is anatomically correct and the syringe is long enough to reach the cervix. Very useful for obtaining material for smears, also for injecting the female urethra.

**BECTON, DICKINSON & CO., RUTHERFORD, N. J.**

**B-D PRODUCTS**

*Made for the Profession*

**STANDARD OF THE MEDICAL PROFESSION SINCE 1897**



## Naturally Fortified!

Natural wheat germ is added to Ralston to make it extra rich in vitamin B<sub>1</sub>

Mother Nature herself enriches Ralston with a bountiful supply of vital food properties which she stores in pure whole wheat. None of these important properties is removed or altered in the milling process except that the coarsest outer bran layer is removed. The only enrichment is the addition

of extra wheat germ, one of the richest natural sources of vitamin B<sub>1</sub>. Even the flavor, so universally praised, is Nature's own!

Try Ralston yourself. Once you have tasted its delicious whole wheat flavor you will understand why mothers follow your prescription more easily when you recommend this hot wheat cereal that children love to eat.

**RALSTON WHEAT CEREAL**  
ANALYSIS IN GRAMS  
Based on 30 grams Dry Ralston

	GRAMS
Fat	.51
Protein	4.5
Carbohydrates	21.0
Ash	.5
Iron	.0012
Calcium	.013
Phosphorus	.12
Manganese	.0012
Copper	.00018

106 Calories

30 grams Ralston Wheat Cereal contains 65 International Units vitamin B<sub>1</sub>. Ralston is a rich source of vitamin E and a good source of vitamin G.

**FREE SAMPLES**—Simply ask for them on your letterhead. Address Ralston Purina Company, 920 E Checkerboard Square, St. Louis, Mo. (This offer limited to residents of the United States.)

*Costs less  
than 1¢  
a serving  
Cooks in  
5 minutes*

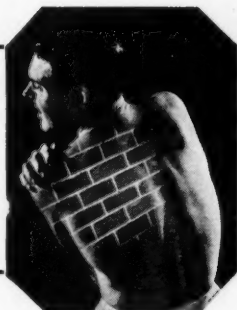


**RALSTON** ... natural wheat cereal naturally fortified with added wheat germ for extra vitamin B<sub>1</sub>

---

*"Doctor, what makes my*  
**SHOULDER FEEL**  
**LIKE A BRICK WALL?"**

---



**EXPLAIN THE LACTIC-ACID PHENOMENON.** It is interesting to patients suffering muscular aches from unusual exertion that their distress results from chemical changes in the muscles, and that the results of the chemical conversion of muscle glycogen to lactic acid, concurrent with every muscle contraction, is felt only when lactic acid forms too fast for the blood to carry it away. Easily understandable is the often excruciating pain when overexertion leaves large acid accumulations to distend the muscles tightly in their sheaths.

**SUGGEST ABSORBINE Jr. TO HELP SPEED ACID DISPERSAL.**

Your patients can see from the above discussion why it is so desirable to rush a good supply of blood through the painful muscles.

Merely patting on Absorbine Jr. is usually a most effective suggestion. Its value has been confirmed by conclusive laboratory demonstrations. **The stimulated blood flow is unaccompanied by stasis and is marked, both in volume and velocity, in the deeper muscle tissues as well as in the superficial tissues.**

• • •

A sample of Absorbine Jr. for your own examination will be sent upon receipt of your professional letterhead. W. F. Young, Inc., 207 Lyman St., Springfield, Mass.

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**— ABSORBINE Jr. —**

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# speaking frankly

## MILITARY

TO THE EDITORS: I understand that there is excellent opportunity for the physician with a reserve commission to get a year of active duty as an army medical corps reserve officer.

Where can I find out how to apply for a commission? I recall having seen this information in MEDICAL ECONOMICS, but can't remember the issue. Will you help me out?

M.D., New Jersey

*[Physicians who already hold officers' commissions in the army medical corps reserve and who wish to apply for a year of active duty, as well as those under 35 desirous of obtaining appointments as first lieutenants, should write to the commanding general of the particular corps area in which they permanently reside. Applications should contain concise information as to permanent address, temporary address, number of dependents, earliest date available for active duty, and whether internship has been completed. It should be accompanied by a physical report made out on army form W.D.A.G.O. 63, obtainable on request from any army station. Upon receipt of a self-addressed envelope, MEDICAL ECONOMICS will send to any interested physician the headquarters address for his corps area.—THE EDITORS]*

## FAILURE

TO THE EDITORS: The following report of an attempted rural medical-service plan may be of interest to other physicians.

Beginning April 1, 1939, eleven of the thirteen physicians in Avoyelles Parish, Louisiana, agreed to provide medical aid under a group plan to

members of the Farm Security Administration. Of 400 F.S.A. families, some 250 joined. Annual assessments ranged from \$10 to \$24 for services and drugs, with free choice among the eleven physicians.

Fees were: office visit, with medicine, \$2.50; house call, with medicine, \$3.50, plus 25 cents additional for each mile over two miles; obstetrical case, \$25; minor surgery, \$5; fracture, \$15-\$25. Bills were checked once a month by a representative of the physicians' group, then forwarded to the F.S.A. secretary.

Total amount collected from the 250 enrollees was \$3,200 for the year. Total of physicians' bills over the period came to \$5,800. Thus, collection average was 55 per cent. Each physician, however, had to pay for drugs used. While the average M.D.'s bills totaled \$527 for the year, only \$291 was collected, and \$100 went for drugs.

Now that the year is up, we physicians have decided to drop the plan. Although subscribers did not abuse an opportunity for unlimited service, and the physicians themselves kept calls to a necessary minimum, the experiment was an obvious failure. Only possible solution would have been to raise rates—which would have set the plan out of financial reach of this group.

Kirby A. Roy, M.D., Sec'y  
Avoyelles Parish Medical Society  
Marksville, La.

## SEQUEL

TO THE EDITORS: Have just received and read "Trouble in Your Old Kit Bag?" in your June issue. It's exactly what the doctor ordered. But

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# *Gauze Always Handy*

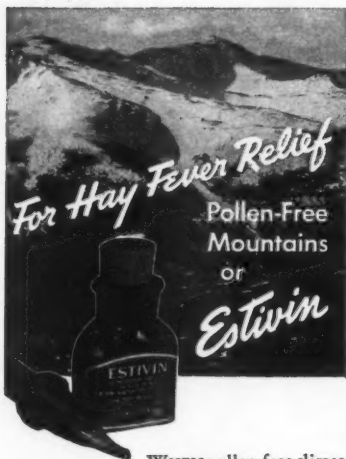
**IN THIS  
100 YD.  
DISPENSER**

● When you need large cuts of gauze, you'll find this dispenser a great convenience. It contains a 100-yard roll, folded 8-ply to a 4½-inch width. Any desired length is easily drawn through the slotted opening. The dispenser is sealed, except for the slot, and the roll is kept protected inside. Two grades: Rutgers Gauze, 20 x 16 mesh; Brunswick Gauze, 20 x 12 mesh.

**ORDER FROM YOUR DEALER**

**Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL.

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WHEN pollen-free climes are out of reach of the distressed hay fever patient, there is a comforting alternative—the use of Estivin.

Estivin, a specially prepared solution of *rosa gallica*, is prompt in alleviating itching eyes, excessive sneezing and nasal discharge, lacrimation and associated symptoms.

One drop in each eye 2 or 3 times daily is generally sufficient to keep the average patient comfortable during the entire hay fever season. In the more severe cases, additional applications whenever the symptoms recommence will keep such patients relieved throughout the day.

*Literature and Samples on Request*

Available at all druggists in a 2-dram vial, complete with dropper



how about the sequel (*a la cinema*)? What's in the general practitioner's bag? I would like very much to know what's considered necessary (and convenient) for a city G.P. to carry.

M.D., Ohio

[For each acceptable answer to this query, MEDICAL ECONOMICS offers a choice of any current, single-volume best seller.—THE EDITORS]

## INSURANCE

TO THE EDITORS: Waldemar Kaempfert's major premise, in his letter in your May issue, is that people in the lower income brackets would be "milked" by the plan for medical insurance advocated by Dr. Frederic E. Elliott in the Feb. (1940) MEDICAL ECONOMICS. He implies that all such persons are entitled to free or practically free medical care.

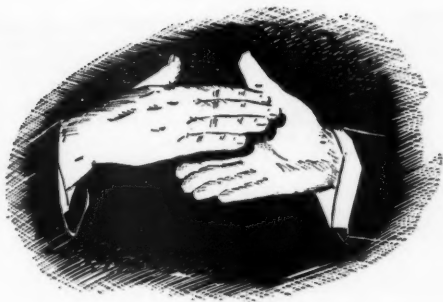
Has it ever occurred to Mr. Kaempfert and other free-clinic advocates that, by similar reasoning, this group should also be entitled to free clothing, food, housing, etc.? And doesn't he think it strange that the physician should have to render service at a reduced price while the grocer, butcher, clothier, and landlord may all charge whatever they wish?

Free clinics, Mr. Kaempfert goes on to say, are safeguarded from grafters. That isn't true. I have taken post-graduate work in New York, and know what sort of persons seek clinic treatment.

Then there's the matter of equipment for diagnosis and treatment in free clinics. Anyone who has seen the abuses extant in Federal hospitals and the extravagance in all forms of public service can predict what more clinics will mean: plenty of sinecures for lay politicians, and nothing for the physicians' services.

Everyone but the physician himself, apparently, knows just what the medical profession should do for the indigent sick. May I suggest that these Solomons try giving their ser-

JULY 1940



## GREETING OLD FRIENDS

The convenience of having a buffered saline laxative in stable solution already compounded and readily obtainable, first attracted the attention of physicians to Phospho-Soda (Fleet) a half-century ago. Ever since, Phospho-Soda (Fleet) has been consistently and increasingly recommended and prescribed.

Phospho-Soda (Fleet) is an exceptionally prompt, very thorough but extremely mild eliminant—whether administered as a purge in occasional constipation or as a mild laxative during illness and convalescence. Combining in stable solution Sodium Biphosphate and alkaline Sodium Phosphate, Phospho-Soda (Fleet) also has a valuable amphoteric buffer effect.

We welcome your inquiry for samples so that you may try Phospho-Soda (Fleet) and acquaint yourself with its merits.

**PHOSPHO-SODA FLEET**



**C. B. FLEET COMPANY, INC., Lynchburg, Virginia**



*For greater*  
**MENSTRUAL  
COMFORT**

**A**LTHOUGH the cause of many menstrual aberrations may lurk obscurely in some systemic condition, the relief of symptomatic manifestations proves extremely beneficial . . . while constitutional measures are being inaugurated.

Ergoapiol helps remarkably to mitigate discomfort and normalize functional expression, by its tonic stimulus of smooth rhythmic contractions of the uterine musculature, and its hemostatic effect. Its dependable efficacy derives from its balanced content of all the alkaloids of ergot, together with apiol (M.H.S. Special), oil of savin and aloin.

*Indications:* Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, menopause, in obstetrics.

*Dosage:* One or two capsules three or four times daily.

*How Supplied:* In ethical packages of 20 capsules.

*Write for booklet: "Menstrual Regulation by Symptomatic Treatment"*

**MARTIN H. SMITH CO.**

150 LAFAYETTE ST.  
NEW YORK, N. Y.

**ERGOAPIOL**  
*(Smith)*

vices or products to the public gratis? Then, at least, they'd be on familiar ground.

H. N. Whitelaw, M.D.  
Corvallis, Ore.

**TO THE EDITORS:** It strikes me that Waldemar Kaempffert and I are like the blind men of the fable who visualized the elephant by the part of its anatomy each held. I am a practicing physician, while he is a scientific writer—one who has my profound respect. He cannot, however, see anything but gross materialism in Dr. Elliott's suggestion to deduct the first \$10 worth of service to forestall exploitation of a physician's time with trivial ailments. This makes me wonder about Mr. Kaempffert's experience with human nature.

If some hypothetical association of scientific writers were to insert into their rules for dealing with publishers a proviso that might seem silly or purposeless to me, I would still accept it in good faith, knowing that the best brains in the writing profession had deemed it necessary.

I suggest to Mr. Kaempffert that he consider the attempts by the medical profession to meet social needs as it sees them with the scientific judgment that he so ably employs in his own field. He might ask himself whether the drafters of the plan he inveighs against and others aren't as capable of understanding the situation as himself. Or whether the medical profession has so conspicuously failed in its mission as to merit so much damning by self-appointed critics.

As one who poses as a scientific thinker, Mr. Kaempffert should in all honesty admit that, with due allowance for mistakes in judgment, the best and most enduring social progress in the field of medicine will come from physicians themselves.

And may I remind Mr. Kaempffert that doctors eat, wear shoes, and pay rent even as scientific writers. Perish

JULY 1940

## MUST NECESSARY MEDICATION BE SO UNNECESSARILY OFFENSIVE?

TO prevent serious emotional or physiologic reaction, physicians for over fifty years have used Elixir Peptenzyme to mask or disguise the repulsive odor, bitterness, sourness or astringency common to a large number of the medicaments most frequently prescribed.

Elixir Peptenzyme, as the ideal menstruum, meets every essential requirement for odor, taste, clarity and color. It is compatible with practically all pharmacopoeial drugs, and is free from sugar. It does not precipitate such agents as the salicylates, benzoates or sodium salts of barbituric acid and its derivatives.

In providing blandness and palatability to offensive medicaments, and in presenting them in their most assimilable form, it aids by facilitating the effectiveness of the active medication.

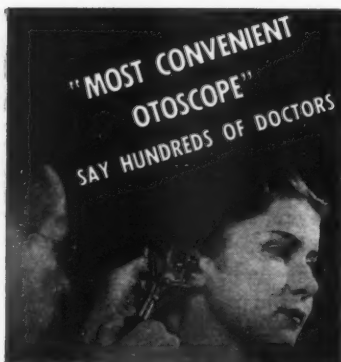
Liberal samples gladly sent on request.

REED & CARNRICK • JERSEY CITY, N. J.

### ELIXIR PEPTENZYME

*The Ideal Menstruum*





Now with a swiveling magnifier, the Bausch & Lomb Full-Field Otoscope is truly the most convenient and usable instrument of its type ever made available. Check these eight superior features against any other Otoscope:

1. Brilliant, concentrated illumination
2. Wide field—no obstructions
3. Magnified or direct view with slight shift of examiner's eye
4. Largest operative range
5. Specially treated specula eliminates reflections
6. Light weight specula, easily interchanged and sterilized
7. Tongue depressor and throat illuminator included
8. Compact instrument, rigidly constructed for long life.

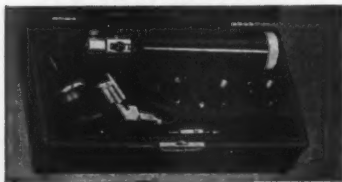
### OTOSCOPE AND OPHTHALMO-SCOPE IN HANDY SET . . .

Medical Set No. 1 (below) includes the B&L Prism Otoscope, the illuminated-dial May Ophthalmoscope (with daylight lamp) and battery handle. Other sets include Whitelite Transilluminators, the Point-O-Light Retinoscope, Morton Ophthalmoscope, Tongue Depressor and Hand Slit Lamp.

See these Bausch & Lomb diagnostic instruments at your dealer's. Interesting free literature on request.

## BAUSCH & LOMB

162 LOWELL ST., ROCHESTER, N. Y.



the thought that they should even aspire to drive a car and send their children to college!

Homer A. Harvey, M.D.  
Batavia, N.Y.

### CERTIFICATION

TO THE EDITORS: Dr. Titus' letter in your May issue, in which he deals with certification of specialists and the new "Directory of Medical Specialists," is full of broad, general statements that can't be questioned. He does say, however, that the directory would be useful to a patient moving to another town.

But would it? The directory is certainly the answer for this patient if he goes and looks at it. But where is he going to find it?

Only this past week-end I was with a group of persons who, of their own choice, were discussing the problem of selecting a physician—particularly a specialist. Their individual I.Q.'s were unusually high—but they knew nothing about either certification or the directory.

Today there is a tendency for everyone to try to skip the middle man. People want their radios, furniture, iceboxes, etc., wholesale. The same thing is true in medicine. Patients are trying to do away with the family physician and go to a specialist on their own diagnosis.

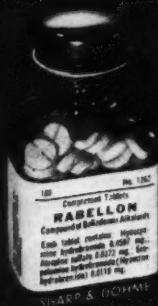
The inherent pitfalls of this system are obvious. When people buy radios or ice-boxes from their home-town, retail dealer, the latter is interested in seeing that they get service and performance. Similarly, the G.P. is interested in preventing unnecessary visits to specialists—or in directing his patients to proper specialists.

One other point: Many certified men will not want to publicize their certification, fearing that they will offend colleagues who now send them work by seeming to "put on the dog" or by placing an uncertified man in a less favorable light.

JULY 1940

# From clinical reports on RABELLON:

*No other treatment  
has resulted in such  
striking symptomatic  
improvement in  
paralysis agitans  
and Parkinson's  
disease—*



IN EXTENSIVE clinical use in the treatment of Parkinson's disease and paralysis agitans, the administration of 'Rabellon' compound of belladonna alkaloids has in many cases produced prompt improvement in the general spirits, muscle rigidity, speech defects and sialorrhoea. Relief of the distressing dysphagia, muscle pain, cogwheel rigidity, tremor, atoxic gait also occurs.

'Rabellon' Tablets contain the three most effective alkaloids of the belladonna root which because of their

synergistic effect increase the therapeutic activity of the compound over any one of its components. While therapeutically effective in the relief of symptoms, undesirable side-reactions such as excessive dryness of the mouth, disorientation and constipation are reduced to a minimum.

'Rabellon' Tablets are stable and contain 0.5 mg. of total alkaloids in each tablet. Supplied in bottles of 100 and 1000 tablets, quarter-sectioned for the administration of small doses in beginning treatment.

"FOR THE CONSERVATION OF LIFE"

Pharmaceuticals

*Sharp & Dohme*

PHILADELPHIA

Mulford Biologicals



Prescribe in drops or  
syrup for the cough ac-  
companying those colds  
which persist into the  
summer.

ERHST **Bischoff**  
CO., INC.  
IVORYTON, CONNECTICUT

Twenty drops won't hurt  
but three drops will do.



## IN ARTHRITIS and Chronic Rheumatism

many clinicians report bene-  
ficial results from sulphur,  
calcium, and iodine. Hence,

## LYXANTHINE ASTIER

which supplies these, plus  
a potent eliminant of meta-  
bolic waste, tends, when  
given per os, to relieve  
pain, reduce swelling, and  
improve motility.

Write for literature and  
sample. L-18

**GALLIA LABORATORIES, Inc.**  
254-256 West 31st Street New York

Nobody questions the fact that cer-  
tification will improve the type of  
man claiming to be a specialist, and  
thus indirectly benefit patients. But  
certainly no intelligent or widespread  
attempt has yet been made to tell pa-  
tients of this beneficial practice.

M.D., Illinois

TO THE EDITORS: It seems to me that  
certifying specialists merely empha-  
sizes specialization to a greater de-  
gree than already exists, and drives  
the public further away from the gen-  
eral practitioner. In many cases, a  
patient with an ordinary illness is  
better off in the hands of the G.P.  
Even where expert attention is re-  
quired, I think better results would  
be achieved if a family doctor and a  
specialist worked together.

Wouldn't it be wise, therefore, to  
establish a certifying board for gen-  
eral practitioners, with examinations  
that would eliminate such subjects  
as anatomy, physiology, etc., and in-  
clude therapy, pharmacology, diag-  
nosis, and other practical subjects?  
By then publishing a directory of  
qualified G.P.'s, persons seeking such  
practitioners in other cities would be  
well directed.

The public now judges physicians  
by their hospital connections. Un-  
fortunately, many good men do not  
have them. A directory such as the  
one I suggest would offset this handi-  
cap.

M.D., New York

## WANTED Physician-Writer

Opportunity to do free lance  
work and handle part-time  
assignments. Non-scientific  
material; popular style. State  
qualifications in full detail.  
Box 16, MEDICAL ECONOMICS,  
Rutherford, N.J.



## In Line

To bring the bowel "back in line" by a course of regulative management is the aim of the physician in the treatment of chronic constipation.

Three regulative agents are available to him in the three forms of Kondremul (Chondrus Emulsion):



### 1. MEDICATION FOR THE OBSTINATE CASE

Kondremul with Phenolphthalein—Contains 2.2 grs. phenolphthalein per tablespoonful of Kondremul.

### 2. FOR THE Milder CASE

Kondremul with Non-Bitter Extract of Cascara—A pleasant, stable emulsion containing non-bitter extract of cascara.

### 3. FOR SIMPLE REGULATION

Kondremul Plain—A palatable emulsion, resistant to breakdown. Mixes with the bowel content and permits smooth voluntary elimination.

By varying the type and dosage of Kondremul, even the confirmed user of cathartics can be alienated from stimulative medication.

**THE E. L. PATCH COMPANY**  
BOSTON MASS.

THE E. L. PATCH CO. Dept. ME-7  
Stoneham P. O., Boston, Mass.

Gentlemen: Please send me clinical trial bottle of

- ☐ KONDREMUL (with Phenolphthalein)  
☐ KONDREMUL (with Non-Bitter Extract of Cascara)  
☐ KONDREMUL (Plain)  
(Mark Preference)

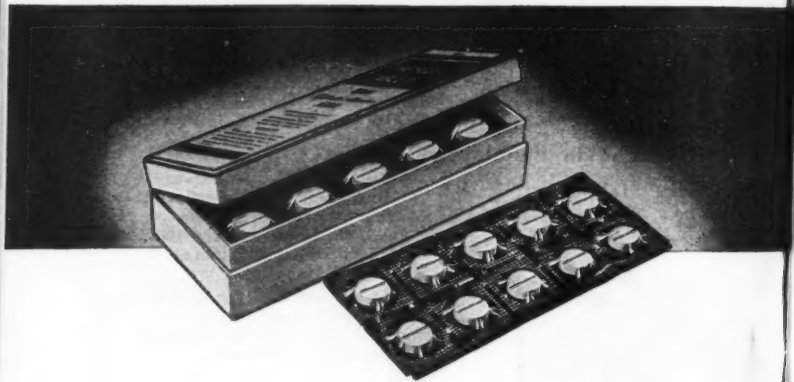
Dr. ....  
Address .....  
City .....  
State .....

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

*Announcing*

# AMPHOJEL TABLETS

**A CONVENIENT, SAFE ANTACID FOR THE AMBULATORY PEPTIC ULCER PATIENT**



## **ETHICAL AND CONVENIENT**

Amphojel Tablets do not bear any identifying mark, but are scored for convenience in prescribing divided doses. Each Tablet is individually sealed in moisture-proof cellophane. These protected Tablets may be easily carried by the patient. This prescription package contains 60 Tablets and the removable label aids in maintaining the integrity of physicians' prescriptions.

*Supplied in boxes of 60 Tablets at all pharmacies.*

**JOHN WYETH & BROTHER,**

Each Amphojel Tablet  
produces the antacid effect of about two teaspoonfuls of

# AMPHOJEL

*Wyeth's Alumina Gel*

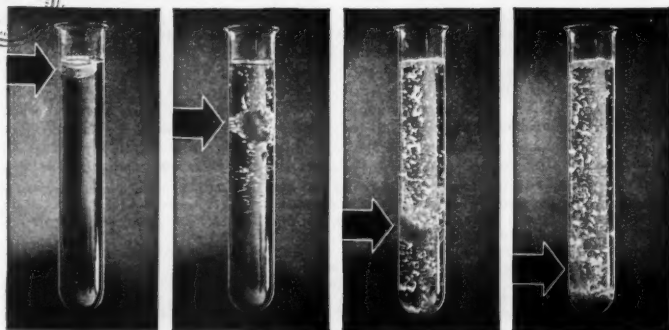
Outstanding clinical results have been obtained with Amphojel, Wyeth's Aluminum Hydroxide Gel, in the treatment of hyperacidity and peptic ulcer.

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Amphojel Tablets safely reduce gastric acidity without danger of alkalosis or "secondary acid rise." Amphojel Liquid and Tablets contain neither alkali nor alkaline earths. They are not absorbable. The prominent features of this modern treatment are—Prompt Relief of Pain—Rapid Healing of Ulcer and Safety.

## NOTE RAPID TABLET DISINTEGRATION

This characteristic of Amphojel Tablets assures immediate availability of the aluminum hydroxide for the reduction of gastric acidity.

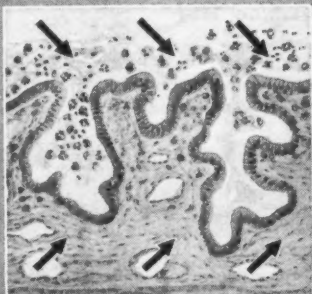


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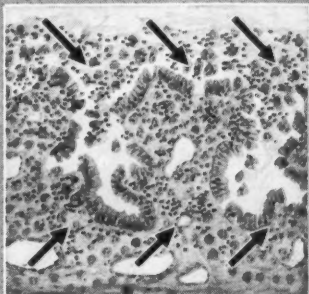
# ARGYROL

IN THE  
COMBINED  
THERAPY OF

## GONOCOCCAL URETHRITIS



Urethral mucosa in very early urethritis showing intracellular and extracellular cocci upon the surface.



The infection has invaded the submucous tissues but many organisms are still present in the mucus on the surface.

**G**ONOCOCCAL urethritis in its early stages is essentially a surface infection. For this reason Ballenger<sup>1</sup> et al have stressed the advantages of combined therapy—i. e., a local attack upon the surface organisms by ARGYROL instillation, at the same time that the underlying tissues are rendered antibacterial by chemotherapeutic agents such as sulfanilamide. Even when the infection has penetrated to the submucosa a goodly number of organisms remain on the surface enmeshed and protected by mucus. The tendency toward relapses which has been noted after chemotherapy alone may be attributable to re-

infection by these surface organisms. Better results are obtained when local *plus* systemic treatment is employed,\* but in such therapy it is essential to note that ARGYROL is chemically and physically different from all other mild silver proteins and that its record of therapeutic usefulness and safety, as shown in medical literature, is not equalled by all the other mild silver salts combined. Other silver salts do not have the same uniformity of colloidal dispersion, the same high degree of Brownian activity, the same controlled pH and pAg. Specify the "ORIGINAL ARGYROL BOTTLE" when ordering or prescribing.

1. Ballenger, E. G., Elder, O. F., McDonald, H. P., and Coleman, R. C.; *South. Surg.*: 7:204-9 (1938).

\*Wolbarst, A. L.; *Med. Rec.*: 148:135 (1938). Semell, G.; *Urol. & Cutan. Rev.*: 43:192 (1939). Ballenger, E. G., Elder, O. F., McDonald, H. P., and Coleman, R. C., *J. A. M. A.*: 112:16 (Apr. 22, 1939). Barballian, P.; *Ann. de Mal. Ven.*: 33:392 (1938). Other references on request.



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For 39 Years Sole Makers of ARGYROL and OVOFERRIN

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# SIDE*LIGHTS*

One of the many reasons given for Jim Farley's success as official New Deal wheel-greaser is his phenomenal knack of calling people by their first names.

The doctor of medicine has little in common with America's hawk-nosed postmaster general; but he can to advantage tear a page out of the latter's book. For when it comes to building good will, names are as important to the physician as to the politician.

"How are you, Mrs. Sopwith," says Dr. Blank, meeting one of his newest patients on the street. Mrs. Sopwith is all smiles. She's been labeled as an individual, of special interest to her physician. Psychologists would call it ego-satisfaction. But whatever it is, the physician has made an investment in good will that will reflect in his practice.

Dr. Blank enters his office building. "Morning, Joe," he greets the elevator boy. "Hello, Ethel," he sings out to the pretty blonde who tends the newspaper and cigar counter. Joe and Ethel both beam back, gratified. A nice chap, this doctor!

Nobody introduced Dr. Blank to these minor cogs in the machine of his daily life. Joe's name he got from the nameplate in the elevator; Ethel's, when someone else addressed her. He remembered both—and made a couple of friends.

The teller in the bank was easy. His name was on a plate over the window. The traffic cop on the corner became identified in an overheard street-corner conversation. After that, his scowl changed to a grin when Dr. Blank drove past in the morning.

The cheerful lad at the gas station, the clerk in the grocery store. Their

names weren't much trouble to pick up, either. Fellow employees readily obliged.

Today, as a result, Dr. Blank has a small corps of ambassadors of good will working for him. His practice reflects his interest in them.

He's careful, of course, about first names and nicknames. Gray-haired Mrs. Snodgrass, who's been coming in for treatment of her "nervous stomach," would resent a "Hello, Mildred!"—no matter how sweetly delivered. Similarly, the letter-carrier, stooped-shouldered father of five, appreciates it when he's greeted with "Mr. Jenkins."

Naturally, there are times when the doctor can't get a clue to a person's name to save his soul. Then he asks for it outright—avoiding such moth-eaten approaches as: "You're not Mr. Engelhart, are you?" or "Don't I know your father's family?" Instead, he puts it simply: "I'm Dr. Blank. What's your name?" And accompanies it with a disarming smile. It never fails to work.



What Whistler did for the nation's mothers, Theodore G. Bilbo would like to do for its physicians. The Mississippi Senator believes that we—and this goes for you, too—are "worthy noblemen," the "flower of civilization," and the "most unselfish humanitarians that grace the earth."

Or so he has informed Congress.

The Bilbo-broadside set the stage for a projected campaign to set June 22 forever apart as "Doctor's Day." The Senator's bill to this effect has already been passed by the Senate and is, at this writing, before the House.

[Turn the page]

**A few  
CLINICAL  
USES**



**of  
CAMPHO-  
PHENIQUE**

Insect bites, prickly heat, sunburn, hives, chickenpox, poison ivy and in such cases where itching is the

predominant symptom, the local application of Campho-Phenique promptly promotes comfort.

For your use Campho-Phenique is available in the form of a fine dusting powder, ointment and liquid.

**Analgesic • Antipruritic • Decongestive**

**—Wait, take me with you!  
FREE VACATION KIT  
for YOUR PERSONAL USE**

CAMPHO-PHENIQUE CO. ME-7  
700 N. Second St., St. Louis, Mo.  
Gentlemen: Please send me the Vacation Kit containing a generous supply of Campho-Phenique Liquid, Ointment and Powder.

Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_

Why he should go to all this trouble on the profession's behalf we can't imagine. The selection of June 22 as the fateful day is equally inexplicable. But not so the Mississippian's recommendations for celebrating the occasion "in a suitable manner." They are laid down as clearly as the lines of a tennis court.

Federal officials, for instance, are admonished to hang out the flag in our honor. The picture this suggests—Surgeon General Parran, Trust-Buster Arnold, and a few others, hoisting Old Glory in a touching tribute to private practice—is not without a certain appeal. But it also, alas, borders on the fanciful.

So, too, with the Senator's advice to America's patients. He asks them to solemnize the day by sending a "card, telegram, or letter of love to the family doctor. Call him over the telephone. Or better, drop in at his office."

The one form of observance that would unquestionably be acceptable to every practitioner seems to have been overlooked. We refer to the ancient and honorable custom of paying medical bills. What—to borrow a Bilboism—could be more "suitable"?



Have you, perchance, a little red-headed secretary in your office—or maybe she's a blonde—whose collection ability you're underestimating?

A colleague we were talking with the other day gave us quite a song and dance about his remarkable collection average. Rarely, he asserted, did it fall below 95 per cent. Not bad at all, we had to admit, and perked up our ears to hear the secret of such success. It turned out to be this:

The doctor's collections are entirely in the hands of his secretary. As a bonus for her effort, she writes herself a check amounting to one per cent of all collections at the end of each month. Since this arrangement means money in her pocket as well

JULY 1940

## Osmotic Laxation

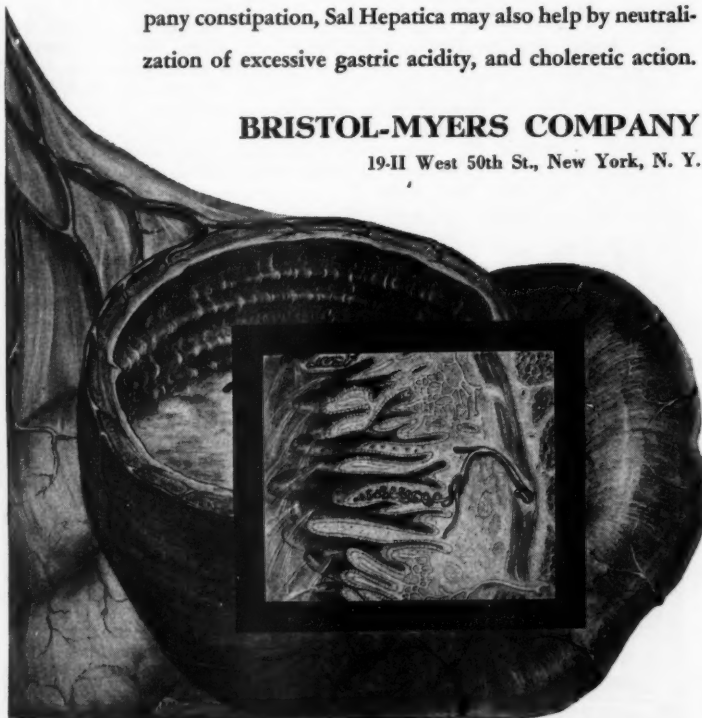
### with SAL HEPATICA

#### to gently rid bowel of waste

Osmotic equilibrium established by Sal Hepatica in recommended dosage creates *liquid bulk* in the intestines. Smoothly and gently, this *liquid bulk* rids the bowel of waste by peristaltic activation, lubrication and flushing. Should gastric hyperacidity or laggard bile-flow accompany constipation, Sal Hepatica may also help by neutralization of excessive gastric acidity, and choleretic action.

### BRISTOL-MYERS COMPANY

19-II West 50th St., New York, N. Y.



# Important!

In response to increasing evidences of deficiencies in the diet, America's most widely prescribed food-drink has been materially "stepped up" in vitamin and mineral content! Three servings of the new Ovaltine daily—made with milk as directed—furnish the complete minimum requirement of Vitamins B<sub>1</sub> and D, Calcium and Phosphorus and a half to three-fourths of the Vitamins A and G, Iron and Copper needed by the average person. A companion product, sweet Chocolate Flavored Ovaltine, has virtually identical nutritional value, serving per serving. *You may, with perfect confidence, recommend either product as a building food.*

*new, improved*  
**OVALTINE**

TELL EXPECTANT MOTHERS  
about the NEW "DUAL"

**Bathinette\***  
COMBINATION BATH AND TABLE

It's the last word in convenience—A combination baby bath and dressing table, for use in the bathtub or on the floor. Eliminates stooping, stretching and strain. Easily carried from the bathtub to the nursery or most convenient place where it will stand on the floor for dressing and changing the baby, to save the busy mother's time.

DOCTOR: Write for free booklet, and special discount for use in your own family. Baby Bathinette Corporation, Dept. E, Rochester, N. Y., Sole Manufacturers of the "Bathinette".

\*Trade Mark Reg. U. S. Pat. Off. and Canada.



as in the doctor's, she works like the proverbial beaver to secure payment on outstanding accounts.

Not only does this Girl Friday compose and type all dunning letters herself, but she signs them with her own name. Don't miss the ingeniousness of this, to wit: The doctor is kept in the background of the collection picture.

Another M.D. we heard about recently does the same thing in a slightly different way. He pays his secretary \$70 a month, plus ten per cent of his gross income over \$500 a month. If in May, for instance, he grosses \$600, the girl gets a total of \$80. If practice booms up to \$700 in June, she then goes home with \$90.

Result: This office girl feels she's a partner in the physician's practice. A self-developed expert on follow-ups and collections, she trails him all over town whenever she has a call on the line that she's afraid he'll miss.

If your secretary has a flair for letter writing, some business instinct and a way with people, there's no reason why she can't relieve you of all or at least part of the collection burden—and raise your percentage to boot. Try her out for a while. You may get the surprise of your life.



In California, a resolution introduced recently before the State medical association prescribed expulsion of "any county society that does not work with the majority."

In New York, a proposed amendment to the State society by-laws would have forbidden county societies, their officers, and committeemen from participating in any "activities contrary to the policies" of their State

**PRACTICE FOR SALE:** With large territory, ideal for hospital. Practice has earned \$100,000 in forty years. Will sell office equipment, instruments, drugs, etc., and rent office on Main Street. Write Mark A. Newland, M.D., Center Point, Iowa.

JULY 1940

Don't judge the  
ability of THIS  
Electrocardiograph  
by its size



**B**ECAUSE the G-E Electrocardiograph seems to you so small in size, and its low price places it so easily within your means, don't make the mistake of overlooking its ability to produce exact, graphic records of real diagnostic value. ¶ Its correct design and self-contained power supply account for this high sensitivity and unusual compactness. And because it is a precision instrument, you can rely upon its tracings to point the way to better, earlier diagnosis, and to more exact prognosis. ¶ If you have not yet taken the opportunity to see a practical working demonstration in your own office, you cannot fully appreciate the G-E Electrocardiograph's possible advantages in your practice. ¶ For such a demonstration, or a booklet of unusually interesting information on electrocardiography with *this* instrument, simply fill in and mail this coupon.

☐ Please arrange a time with me for a demonstration of the G-E Electrocardiograph.

☐ Please send me the free booklet on electrocardiography.

Name

Address

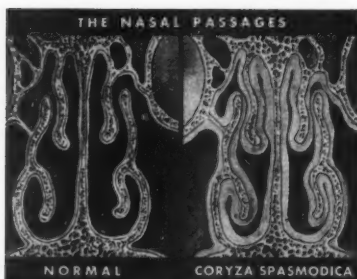
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**X-RAY CORPORATION**

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## *Nasal ventilation and local sedation*

### FOR THE POLLEN ALLERGY SUFFERER

**M**ANY physicians find "Pineoleum" with Ephedrine a more satisfactory agent for tissue shrinkage, because of its concomitant soothing and stimulant effect on the inflamed nasal mucosa.

In conveying ephedrine, it provides also camphor, menthol, eucalyptus, pine needle oil, and oil of cassia, in a liquid petrolatum base.

By astringency, sedation, stimulation, and mild antiseptics, these ingredients not only reenforce the vasoconstrictive efficacy of ephedrine, but afford gratefully cooling and soothing comfort.

Send for samples.

### THE PINEOLEUM COMPANY

6 BRIDGE STREET NEW YORK, N. Y.

**FORMULA:** "Pineoleum" incorporates camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%), in a base of doubly refined liquid petrolatum—with ephedrine (.50%).

**AVAILABLE:** In 30-cc. dropper bottles; or, as a jelly, in nasal applicator tubes.

**PINEOLEUM**  
REG. U. S. PAT. OFF.  
**WITH**  
**EPHEDRINE**

affiliate. The question raised in both cases was: Has a county society the right to dissent from the viewpoint of its parent organization?

Both State societies decided in the affirmative. By defeating attempts to regiment medical opinion, they evidenced their wholehearted agreement with Voltaire in his long-famous statement: "I wholly disapprove of what you say and will defend to the death your right to say it."

In this, the societies showed sound judgment. It is difficult to think of anything more damaging to medicine's cause than such curbs on freedom of expression.

In effect, they would gag not only our local societies but their members as well. They would destroy the democracy of organized medicine as we have it today. And, in the end, they would most certainly defeat their own purpose by weakening our defense at its most vital point: the individual practitioner.

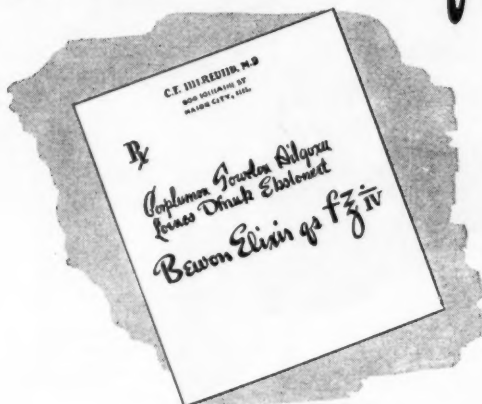
## **Best Sellers**

### SPECIAL OFFER TO M.E. READERS

Remember that best-seller you heard about recently—the one you decided you'd like to read? Well, you can read it—and keep it afterwards, too—without having to pay a cent for it. Merely submit an acceptable idea (work-saver, time-saver, expense-saver, or practice-builder) on the business side of medicine. The book will be sent to you by return mail. This is a limited offer, so act promptly! Address Ideas Editor, MEDICAL ECONOMICS, INC., Rutherford, N.J.

JULY 1940

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Bewon Elixir q.s.



**WYETH'S BEWON ELIXIR** serves as an excellent solvent and vehicle for many medicaments. Compatible with most drugs, BEWON ELIXIR contains 19% alcohol and is slightly acid in reaction.

Standardized to contain 500 International Units of Vitamin B<sub>1</sub> (thiamin chloride) BEWON ELIXIR stimulates the appetite and is indicated in Vitamin B<sub>1</sub> deficiencies.

**A Vehicle that Stimulates the Appetite**

SUPPLIED IN PINT AND GALLON BOTTLES

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

MEDICAL ECONOMICS



ONE TEASPOONFUL .

IN A GLASS OF WATER

# BiSoDoL *helps relieve*

Gastric hyperacidity and digestive upsets due to excess stomach acid. Also available—BiSoDoL Mints, in convenient tablet form. Samples free to the medical profession on request.

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# The KOROMEX METHOD

KOROMEX DIAPHRAGM and KOROMEX JELLY



The PHYSICIAN'S METHOD

- offers the highest degree of effectiveness yet developed.
- based on the experience of clinics, hospitals, and physicians.
- developed by the pioneers in the field, whose laboratories continue to lead in scientific research.

*Koromex Fitting Rings enable physicians properly to fit their patients.*

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THE ONLY SINGLE APPLICATOR



TRAVELING SIZE



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OH BOY—I'M GLAD I'M A MODERN BABY  
BECAUSE MY DOCTOR KNOWS  
LIBBY'S BABY FOODS ARE GOOD FOR  
ME AS EARLY AS SIX WEEKS



**YES**—the Council on Foods of the American Medical Association accepts this practice. Here's what they reported in the A. M. A. Journal — "... these homogenized foods are well tolerated by infants as young as 1 or 2 months of age." (March 4, 1939.)

# Libby's

SPECIALLY  
HOMOGENIZED\*

## BABY FOODS

These carefully selected vegetables, fruits and cereal are extra easy to digest because they are first strained and then specially homogenized.\* This exclusive double process makes foods extra smooth, extra fine in texture.



\* Special homogenization of baby food vegetables, fruits, cereal and soup is an exclusive Libby process that breaks up cells, fibers and starch particles, and releases nutriment for easier digestion. U. S. Pat. No. 2037029.

**NOTE:** For summary of clinical and laboratory research on Libby's specially homogenized Baby Foods, write on your letterhead or prescription blank to Libby, McNeill & Libby Research Laboratories, Dept. ME-7, Chicago.



### 13 DIFFERENT VARIETIES

#### 3 Single Vegetables

Carrots · Spinach · Peas

#### 5 Vegetable Combinations

- No. 1 Peas, beets, asparagus
- No. 2 Pumpkin, tomato, green beans
- No. 3 Peas, carrots, spinach
- No. 9 Peas, spinach, green beans
- No. 10 Tomato, carrots, peas

#### 2 Fruit Combinations

- No. 5 Prunes, pineapple juice, lemon juice
- No. 8 Bananas, apples, apricots

#### Ready-to-Serve Cereal Combination

- No. 4 Evaporated milk, whole wheat, soya flour

#### 2 Nutritious Soups

- No. 6 Vegetables, chicken livers, barley
- No. 7 Vegetables, soya and barley flour

#### Libby's Homogenized

Evaporated Milk—pure, economical, convenient. An ideal milk for babies.

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**NEITHER A DROUGHT**



**NOR A FLOOD**

**B**ETWEEN the two extremes—the hard-packed, dehydrated stool of constipation and the fragmented, semi-liquid feces of diarrhea—there is a norm, a normal stool characteristic of normal function.

## MUCILOSE

The success of Mucilose in the therapy of constipation and spastic colitis lies in its capacity to produce a more nearly normal condition of the fecal content by controlling "water balance."

Mucilose affords valuable symptomatic relief in colitis and con-

stipation by holding water in the feces and thus increasing responsiveness of the physiologic mechanism of peristalsis.

Mucilose offers a hemicellulose (vegetable gum) prepared by a special process from the *Plantago loeflingii*.

For relief of colic or spasm

### CYVERINE HYDROCHLORIDE

Relaxes smooth muscle . Inhibits peristalsis  
An effective vaso-dilator

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Mucilose Granules ☐    Cyverine ☐

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# Complete, High Potency VITAMIN B COMPLEX IN A PLEASANT, FRUITY ELIXIR

Recent clinical evidence points to vitamin B deficiencies as *complex* deficiencies. If the patient lacks *one* fraction of vitamin B, you can look for quicker and more complete response when you prescribe the *whole vitamin B complex* in adequate dosage.



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**ELIXIR  
BETA-CONCEMIN  
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PROPHYLAXIS



SUPPLEMENT TO  
THIAMIN, NICOTINIC ACID, ETC.



INFANCY AND  
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This high potency diet-subsidy provides, in small, pleasant dosage of one teaspoonful three times daily, 1000 I. U. vitamin B<sub>1</sub>, 1000 gammas vitamin B<sub>2</sub>, 10.5 mgs. nicotinic acid amide, 225 gammas pantothenic acid, with vitamin B<sub>6</sub>, factor W and other components of vitamin B complex derived from liver.



PREGNANCY AND  
LACTATION . . .

Elixir Beta-Concemin is unusually palatable ... children and adults like its pleasant, fruity flavor. Available in 4 oz. and 12 oz. bottles.



Write for Sample and Literature

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# EDITORIAL

## Now that medicine is a trade

⊕ In the eyes of the law, medicine is now a trade.

The Supreme Court has settled this major point once and for all (although many physicians apparently do not yet realize it). There can be no further appeal.

Thus, to the Government goes a final and unconditional victory in the first phase of its *Blitzkrieg* against organized medicine.

The only undecided questions that remain are: What fate awaits the anti-trust case defendants? And—still more important—how far will Government regulation of medicine go, now that the first major step has been taken?

The profession's basic line of defense, which it had hoped would be impregnable, had its legal foundation in the distinction between a trade and a profession, as expressed by Mr. Justice Story of the Supreme Court, who once said: "Wherever any occupation, employment, or business is carried on for the purpose of profit or gain or a livelihood, not in the liberal arts or in the learned professions, it is constantly called trade."

Unfortunately, this foundation proved to be of sand.

The Supreme Court (on June 3, 1940), in denying a writ of certiorari for a review of the decision of the Court of Appeals of the District of Columbia, determined finally that within the meaning of the anti-trust

laws and for the purposes of this action, medicine is a trade (without denying that it is also a profession).

The first stage of the war is therefore a closed chapter. With the arraignment of the defendants on June 14, the second chapter began.

The American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Surgery, the Harris County (Texas) Medical Society, and 21 individual physicians now stand accused of the commission of a crime and must face trial therefor.

The Government, of course, has yet to prove their guilt. Decisions rendered so far have merely given it the opportunity to present the case before a judge and jury and to prove the existence of a conspiracy in restraint of trade.

The Government cannot sustain its burden of proof if the Group Health Association (D.C. medical cooperative) has been practicing medicine illegally. It may sustain it if the opposite is true.

So the battle line is forming. Hostilities will begin in the Fall, at which time the trial is scheduled to take place.

Meanwhile—whether the defendants under this particular indictment are found guilty or not guilty—organized medicine in the United States must face future Government regu-

[Continued on page 62]

# In the name of defense

*"Billions for defense, but not one cent for compulsory health insurance," say the nation's physicians*

⊕ Organized medicine is preparing for war.

Having rubber-stamped the President's defense program, it is now getting ready to serve soldiers and civilians at the first outbreak of hostilities.

A resolution introduced before the House of Delegates at the A.M.A. convention in New York City two weeks ago proposed a liaison committee to place every facility of the association at the Government's disposal when war comes. It was unanimously approved.

The medical profession expects to surrender a measure of its freedom to military necessity. But its leaders are not blinded by this high resolve to the danger of Federal encroachment under the guise of national defense.

As A.M.A. President Nathan B. Van Etten has pointed out, more and more people are being encouraged to drink from the well springs of government. "Dictatorships are built on just such public sentiment. If such sentiment prevails, the medical profession may well expect a fate similar to that which developed in Germany and reduced the physician to a low place in the social scale."

Physicians also recognize among recent events in Washington ample evidence of the move to extend

Federal control over medicine. It begins to be apparent that the powerful appeal of national defense will be used to accomplish what ordinary arguments have thus far failed to achieve.

These statements are not speculative. They are hard realities which are recognized privately and admitted by those in a position to know what the forces behind the preparedness program are planning.

Consider, for example, the rearmament phase of the program:

In a few short weeks, Congress authorized the expenditure of \$5,000,000,000 for the army and navy. This is the largest peace-time armament appropriation in our history. Yet it is only the first of many similar expenditures that will have to be voted if the nation becomes involved in war.

In any attempt to match the German juggernaut, \$5,000,000,000 would be no more than a starter. Hitler's war machine, it is reported, has already cost \$100,000,000,000.

Apply this example to any other phase of the preparedness program—to industry, labor, finance, agriculture, or health. If America has to gear itself to a war economy, will the steps already taken to coordinate and control these segments

of our national structure be considered any more adequate than the preliminary \$5,000,000,000 armament expenditure?

The answer is obvious. In fact, Surgeon General Thomas Parran hinted quite openly at the future course of the Federal health program during an address before the Eighth American Scientific Congress in May.

"In public health preparedness," he said, "the United States stands about where it does in other phases of national defense. Our status is better than ever before in peace time, but there is urgent need for us to do much more."

In this speech, the surgeon general spoke of the vast need for sanitary safeguards to insure against the spread of disease in communities all over the country. He urged enactment of the President's \$60,000,000 hospital construction program. He declared that diagnostic service must be made available to thousands of individuals who can not now afford it.

This, however, is not the only straw in the wind.

When the National Hospital Act was debated in the Senate, Senator Wagner declared flatly that expansion of the Federal health program was vital for defense. Senator Murray, at the same time, told his colleagues that the bill was only the first move toward a broader program. This "broader program" is, of course, Senator Wagner's \$2,600,000,000-a-year health bill.

What specific steps will be taken to bring about extension of Federal activity in medicine? Administration leaders throw considerable light on this question in off-the-record discussions.

First step will be the allocation of additional funds to speed hospital construction. Under the National Hospital Act, \$10,000,000 may be spent during 1940-41. President Roosevelt is expected to augment this, however—either in a deficiency request to a special (or extended) session, or by a transfer of money from the \$200,000,000 "blank-check" appropriation which Congress placed at his disposal.

Second step will be the setting aside of additional funds with which Dr. Parran may increase the functions of the Public Health Service. Such subsidies will undoubtedly affect tuberculosis, pneumonia, and venereal-disease control in particular.

These preliminary steps are designed to do two things: (1) focus attention on the health problem, and (2) facilitate passage of legislation combining the principal features of the leading health bills now pending.

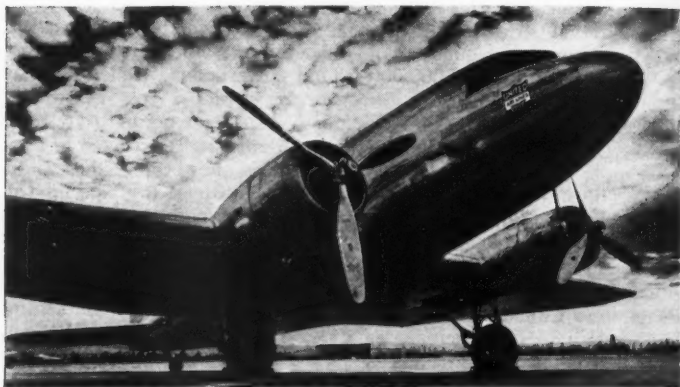
If such an evil day comes, physicians can expect little aid from Congress. Under the heat of the new defense flame, its members have become men of wax. To wit:

When a bill to amend the medical section of the National Defense Act was introduced recently, it was read three times and passed forthwith. A motion to reconsider was promptly quashed.\*

Under these conditions, a bill to Federalize medicine could conceivably be steam-rolled through Congress with equal facility—in the name of defense.

—WILLIAM ALAN RICHARDSON

\*This measure, incidentally, gives the President *carte blanche* "to authorize additional enlistments in the medical department [of the army] in such number as he may deem necessary," in the event of either actual or threatened hostilities.



United Air Lines

## Aviation medicine today

*Aviation medicine has been called a specialty in the making. This article highlights the nature of the flight surgeon's work; tells how to secure training; and discusses employment opportunities. The facts were gathered first-hand from leading military, Government, and private airline sources.*

✪ New careers for wide-awake physicians are being made these days ...right out of thin air, so to speak. Aviation, America's fastest growing industry, needs doctors.

Men engaged in this interesting, challenging, and remunerative work are called flight surgeons—a term first applied to physicians serving the military air arm in 1918, and now also descriptive of medical men actively serving the civil branches of aviation.

In commercial (non-military) aviation, there are two kinds of flight surgeons: those designated by the Government, and those working for the airlines. Government-designated flight surgeons are appointed by the Civil Aeronautics Authority, which certifies them as medical examiners. They are independent physicians—not Government employees—and their work consists of determining the physical fitness of pilots. Aviators pay the C.A.A. medical examiner directly for the examinations they must pass in order to hold fliers' licenses.

The job of the line-employed flight surgeon is to keep the flying personnel in top-notch physical condition. C.A.A.-attached M.D.'s may not at the same time work for an airline.

Few physicians outside of the army and navy are employed full

## Flight surgeons for defense

Just before press time, with the drive for national defense gaining momentum daily, MEDICAL ECONOMICS telegraphed the army's School of Aviation Medicine at Randolph Field, alma mater of most of today's flight surgeons. What effect, the editors asked, would new preparedness plans have on the demand for flight surgeons and facilities to train them? The answering wire:

PRESENT PLANS BEFORE THE ADJUTANT GENERAL UNITED STATES ARMY CONTEMPLATE SHORTENING OF THE SCHOOL COURSE OF AVIATION MEDICINE TO SIX WEEKS WITH ALL PROBABILITY OF HAVING FIVE CLASSES PER YEAR STOP ADDITIONAL FLIGHT SURGEONS WILL BE REQUIRED AND ALL DOCTORS INTERESTED IN AVIATION MEDICINE SHOULD CONTACT THE ADJUTANT GENERAL U.S. ARMY STOP RESERVE OFFICERS WILLING TO ACCEPT ACTIVE DUTY WILL BE IN DEMAND AND IT IS THOUGHT THAT THEY WILL HAVE LITTLE TROUBLE IN RECEIVING ASSIGNMENT TO THE SCHOOL OF AVIATION MEDICINE STOP EXACT PLANS FOR THE SCHOOL ARE NOW IN FORMATIVE STAGE BUT WILL UNDOUBTEDLY BE ISSUED SHORTLY STOP IT IS THOUGHT THAT NATIONAL GUARD OFFICERS SHOULD ALSO BE TRAINED IN AVIATION MEDICINE AND IT IS HOPED THAT FUNDS WILL BE MADE AVAILABLE FOR THESE OFFICERS TO ATTEND THE SCHOOL STOP AT THE PRESENT TIME IT IS NOT BEING CONSIDERED TO LOWER EITHER THE PHYSICAL OR MENTAL STANDARDS OF APPLICANTS FOR AIR CORPS TRAINING STOP

—PRATT, COMMANDANT

time as flight surgeons. The C.A.A. has a small medical staff in its central office. And the major airlines account for several more full-time physicians. But the large majority of active flight surgeons work on a part-time basis. To them, aviation medicine is a profitable adjunct to private practice.

### THE FLIGHT SURGEON'S JOB

The flight surgeon employed by an airline has a three-fold duty: to

determine fitness of pilots; to maintain the fliers' health; and to follow and promote research in the new specialty of aviation medicine. The C.A.A. designee performs the first and third of these functions.

The flight surgeon has to be a general physician, first, last, and always. His physical examinations must be searching, for the lives of pilots and passengers depend on his skill in detecting a disqualifying defect. [Turn the page]

The flight surgeon must steer between an unjustified severity, which may spell economic ruin for a qualified pilot; and an unjustified cursoriness, which may mean disaster to a plane. He is at once a diplomat and a psychologist—tactful enough to get along with the pilots whose vocational fitness he controls, and keen enough to sense incipient emotional disturbance in an aviator long before it reaches the breaking point. A tall order, but the modern doctor is filling it.

#### HOW TO SECURE TRAINING

How does a physician secure training in aviation medicine?

For M.D.'s in the National Guard or army medical corps reserve, the army's School of Aviation Medicine at Randolph Field, Texas, conducts an extension course. When this has been successfully completed, six weeks in actual residence at a regular army air corps station are prerequisite to graduation as an army-approved flight surgeon. The six-weeks practical training may now be had at such fields as Randolph, Langley, Mitchel, Hamilton, Maxwell, Barksdale, Wright, Chanute, Scott, March, Selfridge, and Hickman.

The extension course is studied first, at home. This represents 250 theoretical hours of study, and usually takes the busy practitioner a year or two to complete in his spare time. Of the 250 hours, the army estimates that the study of ophthalmology will take about fifty hours; cardiovascular system, twenty-five hours; physiology, twenty-five hours; administration, twenty-five hours; and psychology and neuropsychiatry, together, about

125 hours.

Naval reserve medical officers are trained at the U.S. Naval Air Station, Pensacola, Fla. They are designated "aviation medical examiners" upon completion of the course, which covers two months and embodies approximately 160 hours of lectures, instruction, and quizzes. Familiarization flights in various types of aircraft are also given.

It is contemplated that regular naval medical officers will be given four months' intensive instruction at Pensacola, through lectures, demonstrations, and actual practical experience in the aviation examining room. Students who complete the course will receive two months of flight indoctrination, spending considerable time in the air familiarizing themselves with the organization and operations of squadrons. Graduation from this six-months course earns the designation "naval flight surgeon."

The familiarization flights, offered also by the army, make flight surgeon training doubly interesting. Not a few M.D.'s, bitten by the flying bug, have gone on to become aviators in their own right.

Applications for enrollment are made through corps area commanders. Following enrollment, necessary books are secured. For army reservists and National Guardsmen, these are obtained through Army Extension Course Section, Room 3647 Munitions Building, Washington, D.C. Texts vary in price from 50 cents to \$1.50, but a \$5 bill will bring the complete course. Prospective students of aviation medicine can also get Army Medical Bulletin No. 26 from the Medical

Field School at Carlisle Barracks, Carlisle, Pa.; and "Aviation Medicine," a Williams & Wilkins book, written by Captain Harry Armstrong of the U.S. Medical Corps.

At present, only doctors in the active or reserve corps of the army or navy, or the National Guard, are in a position to get formal training in aviation medicine. The courses outlined above are paralleled nowhere else. This prospect need not immediately discourage those lacking any service affiliation, however, since an increasing number of medical reserve corps appointments are now being offered to physicians (see *MEDICAL ECONOMICS*, April 1940, page 54).

The C.A.A. does not absolutely insist that all its designated examiners be graduates of the service schools. It will consider applications from any physician who has covered thoroughly the same ground—perhaps through special studies at a university medical school. But alumni of the formal courses are naturally given preference. This preference is also followed by the airlines.

#### HOW ABOUT AGE?

Most of the students at the service schools are under 40 (under 34 for the extension course). But there is no formal age limit. Airlines are decidedly aware of the advantages in employing physicians of considerable experience.

Thus, Colonel A. D. Tuttle, Medical Director of United Air Lines and a former commandant of the School of Aviation Medicine, recently told a *MEDICAL ECONOMICS* representative: "I prefer an appreciable proportion of middle-aged

or older men in my work, because of their superior judgment in preventive medicine and their experience in the correction of defects. These are the things we have to watch over most carefully in preserving pilot health."

#### EMPLOYMENT OPPORTUNITIES

Is aviation medicine already supplied with all the physicians it can use? At the moment, neither the C.A.A. nor the major airlines say they need more doctors.

In the same breath, however, they point out that aviation is a booming industry, and thus the number of pilots is rapidly multiplying. Undoubtedly, both these trends are now only in their infancy. And health standards are certainly not going to be lowered.

It is safe to say, therefore, that the need for qualified examiners will continue to expand. A few figures will indicate how rapidly this expansion has already progressed. For example: in 1927, 4,300 examinations were made by C.A.A.-designated flight surgeons. By 1931, this total had zoomed to 38,000—an increase of almost a thousand per cent in four years!

In 1938 there were 28,000 certified commercial or private pilots, plus 30,000 student pilots—a total of almost 60,000 persons to be examined and re-examined at regular intervals. The C.A.A. has so far certified only 700 doctors to do this. One flight surgeon estimates that he has to make about 250 examinations a year to keep the pace.

The C.A.A. will undoubtedly increase the number of its designees over the next few years. The airlines, too, will require added full-

## MEDICAL ECONOMICS

and part-time medical personnel. It goes without saying that now is the time to lay the groundwork for one of these jobs.

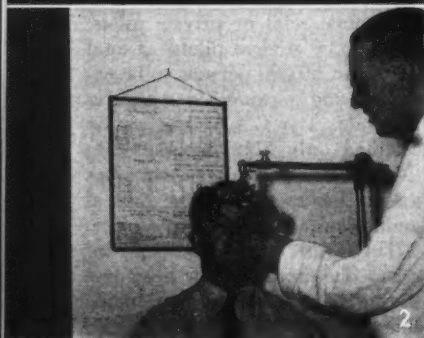
Many doctors who have taken flight surgeon training pronounce it a fascinating and valuable adjunct to any medical practice, en-

tirely aside from its remunerative potentialities. Thus, a prominent Mayo Clinic physician credits the army's School of Aviation Medicine with teaching him, for the first time, how properly to conduct a searching physical examination on an ostensibly healthy person.

### INCOME

There are no collection worries in this specialty. Pilots come to the office of the C.A.A.-designated examiner with cash in hand. Usual

*These pictures show a few of the routines that Captain Robert Chew, one of Eastern Air Lines' "million-miler" pilots on the Miami-New York run, goes through on periodic visits to Dr. Ralph Greene, director of Eastern's Aero-Medical Department. Himself a pioneer pilot (he holds license No. 40), Dr. Greene is said to have been the first M.D. to gain flight surgeon standing. Photo (1) shows pilot sliding two pegs opposite each other in an illuminated box without perspective to prove he has function of stereoscopic vision. In photo (2), a phor-*



fee for an examination is around \$6.

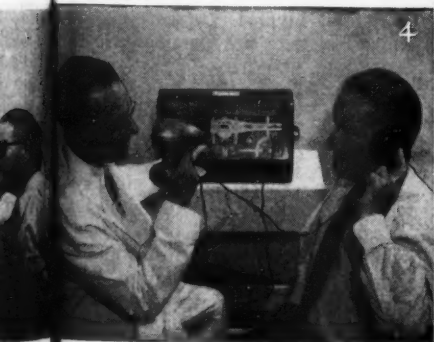
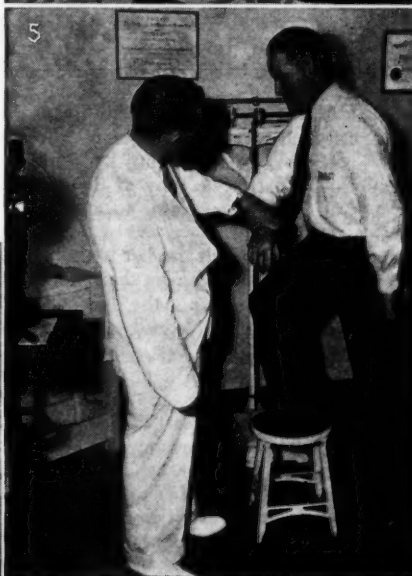
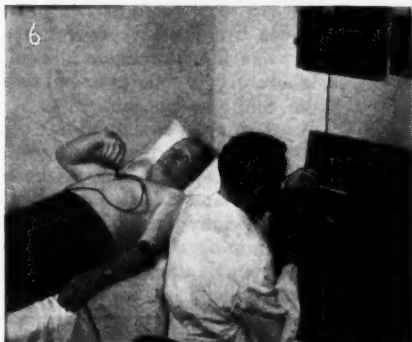
For flight surgeons employed by the lines, methods of remuneration vary. Some lines have a full-time medical director. All have arrangements with one or two surgeons who practice near regular company landing fields. Some pay a salary for part-time work; some pay on a fee basis. Pan American Airways, for example, pays its flight surgeons a retainer fee with the understanding that the chosen physi-

cians will devote half their time to the line's work.

With the airlines, frequency of pilot re-examinations varies from once a month to twice a year, with additional re-examinations at every transfer, after every accident and illness, before every very-long flight,

Photos from Eastern Air Lines

ometer determines whether eyes have normal parallelism in the vertical and horizontal planes. In (3), fields of vision are tested with a self-recording perimeter. Hearing through a standard microphone circuit is recorded on a graph (4); also checked is ability to hear by air and bone conduction. Photo (5) shows Dr. Greene putting Captain Chew through Schneider index test for cardiovascular efficiency. In (6) an electrocardiographic heart tracing is made to detect possible tendencies to heart disease.



## MEDICAL ECONOMICS

and whenever special circumstances warrant.

### EQUIPMENT

In addition to the usual medical instruments (stethoscope, blood pressure apparatus, etc.) the pilot examination requires several special pieces of ophthalmologic equipment. An ideal room arrangement includes five booths: one for eye work, one for ear-nose-and-throat, a laboratory, a general examining room, and an office.

A thorough examination—the kind required by the very nature of this work—takes from an hour to an hour and a half. Equipment is provided by the airlines when the examining room is housed in the company's office. In cases where the physician uses his own office,

he must usually secure the equipment on his own. C.A.A. designees are required to equip themselves.

To keep up with advances in his specialty, the flight surgeon joins the Aero Medical Association, which convenes annually, and reads its *Journal of Aviation Medicine*, a quarterly publication.

Aviation medicine is still in swaddling clothes. Techniques for physical qualification of members of the flying crew other than the pilot are just now being developed. And the medical maintenance of the million passengers who constitute the nation's "flying public" is still a science in embryo.

For the alert M.D., it's a field rich with the new opportunities of a tomorrow that's close at hand.

—HENRY A. DAVIDSON, M.D.

## LOCATION TIPS

*A free service to M.D.'s seeking places in which to practice*

⊕ An up-to-date list of towns in which physicians have just died is compiled each month by **MEDICAL ECONOMICS**. A copy of the current list is now available to any reader on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less

than 50,000 inhabitants and in which the ratio of physicians to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from **MEDICAL ECONOMICS'** post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 130,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address them to **MEDICAL ECONOMICS**, Rutherford, New Jersey.

# Opened by mistake

*Answering the question: What constitutes legal consent to an operation?*

❖ You excise the innocent-looking breast tumor and rush a section to the laboratory. The pathologist wiggles "carcinoma." Whereupon you amputate the breast and clean out the axilla. You have saved the patient's life.

The result: a summons to a charge of battery.

Fantastic? No. For though the more extensive operation was surgically justified, you are liable for damages unless you had previously secured (a) the patient's specific consent to the removal of the entire breast, or (b) her general consent to any operation you deemed necessary. (The husband's consent alone would not have protected you.)

Every sane adult has the right to decide what shall be done with his body. Only when an adult is mentally incompetent may the guardian grant consent. Thus, no husband, wife, or parent can authorize an operation on a sane adult. Nor may he or she withhold any medical assistance that may be required.

Even if the patient is unconscious (through disease, injury, or anesthetic), the doctor may operate without consent only at his own risk. On his shoulders rests the burden of proving the life-saving nature of the operation; he may

have to demonstrate it to the satisfaction of a jury of twelve laymen.

Some time ago, a Westerner agreed to an operation on the *right* ear. Examination under anesthetic showed that the *left* ear demanded more prompt surgical intervention. The jury before whom the case was later heard felt that the operation was not a necessity. It therefore held the surgeon liable for attending to the left ear without specific consent.

Consent is not valid, of course, if the authorization is for an unlawful act such as a criminal abortion. Nor is consent valid if obtained by false or fraudulent misrepresentation.

Another point: Let the patient understand the *extent* of the operation. To repair a finger may require transplantation of fascia lata. Thus, one Michigan patient, aggrieved at finding two incisions when she had been told of only one, successfully prosecuted her surgeon. The jury saw nothing to justify the technically unauthorized thigh incision.

As already stated, a parent's consent is insufficient to authorize operation on an *adult* son or daughter. For a *youngster's* operation, on the other hand, no relative but the parent or guardian may grant consent.

[Turn the page]

Two adult sisters who requested a tonsillectomy for a minor were ruled without that right and the innocent surgeon was held liable. On the other hand, it has been held that *in an emergency*, an M.D. can operate on a child without taking time to secure parental authorization.

Doctors sometimes think that they are less liable legally when operating on a charity patient than on a private patient. This is entirely untrue; for when a physician treats a patient gratuitously, his liability is the same as in any other case.

The person paying for an operation is not necessarily the one who has the right to give consent for its performance. Thus, a husband who will pay for his wife's operation still cannot authorize it. Nor can an insurance company which pays for an operation authorize it. Consent must be secured from the patient.

Many large hospitals, of course, require a signature on a blanket consent form\*, by means of which authorization is given for any operation the staff doctors may deem necessary. Small hospitals and private institutions cannot afford to overlook this precaution. The same applies to doctors who do surgical procedures in their own offices.

The operative consent forms appended below are generally sufficient to protect the M.D. But as practice varies locally, every surgeon should consult his attorney about the rule in his State. Natural-

\*While oral consent is valid, it seems reasonable to have a few disinterested witnesses to discourage malicious activity by the occasional disgruntled patient who may deny having given such oral consent.

ly, consent forms should be kept on file long enough to cover the time within which suit may be instituted under the local statute of limitations (usually two to five years).

# SUGGESTED FORMS GIVING CONSENT TO OPERATION

*For adult patient giving own consent:*

Date\_\_\_\_\_

I hereby consent to the performance on myself of any operation which any surgeon in the\_\_\_\_\_hospital may deem necessary.

Signature\_\_\_\_\_

Witness\_\_\_\_\_ Address\_\_\_\_\_

*For relative giving consent:*

Date\_\_\_\_\_

I hereby consent to the performance of any operation which any surgeon in the\_\_\_\_\_hospital may deem necessary in the case of:

I, the undersigned, am the\_\_\_\_\_ (relationship)

of the said patient.

Signature\_\_\_\_\_

Witness\_\_\_\_\_ Address\_\_\_\_\_

—GORDON DAVIDSON, LL.B.



**NUMBER FINDER:** Sometimes it's not convenient to consult record cards for telephone numbers. In these cases, you turn to the phone book—and the hunt is on.

To cut down time lost in finding the desired number, try this:

Whenever a new edition of the directory is delivered, go through it and underline with a soft lead pencil the names and numbers of all regular patients. Then they'll stand out from an otherwise plain page; can be referred to at a moment's notice.—M.D.'S ASSISTANT, Atlanta, Ga.



## "I'll give you a receipt!"

❖ I used to play the medical Milquet toast when it came to inducing patients to pay promptly after treatment. And I'll wager that my case is not entirely unique.

It used to be typical of my utter leniency that I would walk to the door with a patient mumbling something like this: "Shall I send you a bill—or, er, would you prefer, ah, to pay now?" Invariably, it seemed, the answer was "Yes, please send a bill." The patient could say this without any qualms, since it had been suggested to him that there was no pressing need for payment.

When I finally tired of this passive role—and of the unpaid bills which resulted—I hit upon this simple but effective device for insuring prompt payment:

Immediately after treating or advising a new or casual patient, I turn at once to my desk and begin writing out a receipt for the amount of the fee. This signals clearly that immediate payment is expected as a matter of course.

If the patient is entirely unprepared to pay, he is usually embar-

rassed—which is as it should be. His position is such that he can hardly dash off without at least offering an explanation and some sort of promise. If he doesn't notice that a receipt is being written, I say casually: "If you'll wait just a moment, I'll make out a receipt for your bill." This makes an answer almost mandatory. Best of all, it often leads to settlement on the spot.

If, though financially solvent, the patient either (1) objects to payment, (2) objects to being asked for payment, or (3) can offer no definite time for payment—then I can rather safely catalogue him as a questionable financial risk.

Basically, success in fee-collecting depends on the attitude of the physician. One of my colleagues explains his successful solution of the problem thus: "I made up my mind to act as though I am *always* paid promptly. As a result, I soon began to show open astonishment when I was *not* paid promptly. It had a decidedly wholesome effect on my patients' bill-paying habits."

—EDWARD HALL, M.D.



## A watchman for your phone

*Year-old experiment offers a formula for phone-answering services in small towns*

⊕ Good news for the average practitioner is the report that telephone secretarial services are being tried out in several of the smaller cities throughout the country.

Calls which cannot be answered personally have long been taken by proxy for M.D.'s in large cities. Test case for a small-scale phone-answering service is now presented by the year-old Jersey Shore Telephone Message and Secretarial Service, operating in a modest, one-room office in Red Bank, N.J. Red Bank has a population of 11,622, with 31 physicians. Organizer and manager of the service is Leon Kelley, retired A.T. & T. employee. The Kelley plan offers two types of services.

In the first, a physician's telephone line is "bridged" at the central telephone exchange, with an intercepting line extended to special terminating equipment in the Kelley headquarters. When some-

one calls the physician, a signal registers simultaneously over the intercepting line. If the call isn't answered within a reasonable time, the service bureau takes it, records the message, provides available information, and if possible locates the physician. If the subscribing doctor plans to be out of reach for any designated period, he can arrange to have the bureau pick up and answer all calls on his line without the usual waiting period. Urgent calls are always put through to him at once when his whereabouts are known or can be learned.

The second type of service offered is merely an alternate listing in the local telephone directory, suggesting that if there is no answer at a physician's office, the patient call the service bureau number. The same procedure of recording a message and locating the doctor obtains under this system.

Cost to Red Bank physicians for

the first type of service is \$7 per month, plus a \$3 monthly charge paid directly to the telephone company for the intercepting line. Monthly charge for the second is \$3 for the service, and 25 cents for the directory listing.

The first type of service has two advantages which offset its extra cost: (1) every call is answered; and (2) patients are not required to call another number. The listing service can, however, be effective if the physician notifies his patients about the alternate number.

Manager Kelley started off with a modest total expenditure of \$200. Half of this went for an intercepting switchboard carrying ten lines (\$10 per line), which took three weeks to construct; the rest paid for installation of a private trunk line and a minimum of office equipment. He hired a day operator, assigning the night shift to himself.

From the start, the service was designed to include commercial organizations and other professional individuals besides physicians.

Here's what the picture looks like today: Of a total of twenty-five subscribers, ten are physicians. Five M.D.'s pay the service \$7 monthly, five \$3. Ten of the non-medical subscribers use the cheaper listing, five the intercepting service. Total monthly revenue: \$115.

Monthly operating expenses for the Jersey Shore Service include charges for the private phone (\$6) and switchboard (\$7.50), rent, maintenance, and operator's salary. Average total: \$150.

This latter figure would be even larger except that Mr. Kelley himself handles two complete night shifts—a sixteen-hour stretch.

Obviously, Red Bank's telephone-

answering service is operating in the red after a year. Why? Entirely a problem, says Manager Kelley, of education. He hasn't yet been able to convince enough potential users that the service is really an economy. All who have tried it, however, swear by it.

On the basis of his own experience, Kelley has these suggestions to make to physicians desirous of starting a similar service: (1) Figure on an initial investment of \$500 (\$200 for equipment, and \$300 for the first month's operating expenses); (2) hire three operators to work on three eight-hour shifts, paying a minimum starting salary to each consistent with reliable performance; (3) most important, publicize the service unceasingly. Exact figures on costs of necessary equipment can easily be obtained from local telephone officials.

Rather than organize and operate such a service themselves, Kelley insists, physicians should try to interest or secure the services of someone who has had experience in telephone service work. He will be familiar with equipment, and can better select the right kind of operators—an important factor.

Supplementary features to help the service become self-sustaining might well include provision of information about hospitals, a nurses' registry, and credit rating data.

For towns of 3,000 or less an alternate-listing service only would be more likely to succeed.

Manager Kelley is convinced that his service will eventually sell itself to the rest of Red Bank's physicians because it prevents losing either old or new patients through missed calls.

—GEORGE LINTON WOLCOTT, M.D.

# PRIVATE LIVES

## Martian

⊛ Dr. Joseph Broadman had no idea, when he began stuffing newspaper clippings into his pockets back in 1915, that this habit would cost him over \$200,000 and every spare minute that could be squeezed from his practice for the next twenty-five years.

World War I was the subject of everything the doctor clipped. And he clipped everything.

The result of his obsession is now the Broadman Library—more than 500,000 published items dealing with every conceivable phase of the “war-to-end-wars” and its aftermath. They are packed in paper-wrapped bundles which overflow four rooms of a sprawling New York office suite and trickle into the basement. Like Mary Shelley’s *Frankenstein*, this incredible collection has grown to dominate its creator. “If I had even dreamed of what my hobby was going to turn into,” wryly chuckles Dr. Broadman, “I would have been scared out of my wits.”

The story behind what many librarians consider the most unique and comprehensive record of the first world war is this:

Jolted out of his medical studies in Cologne, Germany, by the roar of monster guns, Dr. Broadman in 1915 made his way safely back to America. Soon after returning, he

discovered that he knew little or nothing about the conflict he had just escaped. He took to poring over newspapers; began cramming his pockets, then desk drawers, with choice clippings. The first scrapbook became inevitable. One multiplied into a dozen as the collecting bug took a deeper bite. By 1917, this energetic, Austrian-born practitioner had six \$35-a-week assistants busy clipping, filing, and tracking down every scrap of war news that came to their attention.

Newspapers from Germany and the Central Powers, of course, were almost impossible to get during war years. Dr. Broadman had to wait for the armistice, then spend exorbitant amounts for complete files. On one lucky occasion, however, an old French woman wrote telling him that she had read of his collection in a newspaper. Would he like a complete war file of the *Koelnische Zeitung*, a German daily? She made the offer as one way of thanking America for aiding France. Dr. Broadman had been itching to get his hands on such a file for many months.

Most of the material, however, had to be gotten the hard, expensive way. Dr. Broadman’s wife, two sons, and close friends, watching the accumulation pyramid to fantastic proportions, outspokenly con-



*Dr. Broadman points to some of the 50 tons of his war library.*

demned such costly eccentricity. But war's end and the years that followed convinced the doctor that his collection would some day be of incalculable value.

In 1930, he was grimly packing fresh acquisitions into cases and shipping them off to storage when Dr. Alvin C. Goddard, a Methodist clergyman, and Mrs. Theresa Durlach chipped in to give him space in a New York office building. For the first time he was able to spread out the collection and look it over.

Three years later, he moved everything to its present location adjoining his office on Forty-second Street, and visitors from libraries and universities began dropping in.

Saving published matter was silly, of course, if the stuff was going to deteriorate and fall apart. Real-

izing this early in the collection game, versatile Dr. Broadman rolled up his sleeves and got busy in a shop behind the office. Here he tinkered and made mistakes like any amateur inventor until, after ten years of persistent effort, he succeeded in perfecting a method of processing paper which earned him a patent and the approval of the U.S. Bureau of Standards.

Characteristically, this medical scientist made no claims for his new discovery until he had tested it exhaustively. This he did by putting paper samples through what are known as "age acceleration tests." In this test, as he explains it, "centuries are compressed into hours." Baking a specimen for as much as ninety-six hours at a high temperature, for example, subjects

it to the degenerative effects of a time span of several hundred years.

Perfection of the processing machinery and coating solutions opened a new and much-needed source of income for Dr. Broadman. He organized the Broadman Processing Company, with himself as president; his oldest son, now interning at the Kings County Hospital, as vice-president; and a niece as secretary. At present, from eight to ten assistants are kept busy in one of the rooms behind the doctor's office processing newspapers, magazines, and books for libraries all over the country.

But all this has been incidental to making the Broadman Library ready for use. Although the time and labor haven't been available for proper cataloging, Dr. Broadman estimates that he has forty to fifty tons of material, comprising complete war files (unclipped) of fifty newspapers and 125 periodicals, both American and foreign; more than 1,000 volumes of editorials and news clippings; over 10,000 pamphlets and leaflets issued by propaganda organizations; several thousand books and memoir items; 6,000 or more cartoons; 25,000 letters to newspapers from readers; and a mass of additional miscellaneous material.

Chronologically, the collection begins on July 1, 1914, and forms an unbroken published chain from that date to the present day-by-day continuation. Only basis for selection of material is that, biased or unbiased, it deal with some aspect of either the first world war or what Dr. Broadman considers its extension, which began last September as World War II.

Material gathered each day is

set aside to be stacked with other bundles in one of the four library rooms, which are kept dark, dust-free, and humidified. The doctor himself red-pencils two copies of each of the more than 100 periodicals he subscribes to. These are clipped by two assistants, or filed intact if important enough.

Keeping abreast of this spate of printed matter is a job that allows no vacations. All of it is done in odd moments snatched during the day's medical routine. "It's an eighteen-hour-a-day job," the doctor admits ruefully. "I sometimes try to get a little sleep."

Immediate problem is to find some large university or library that can afford to house the collection adequately and provide reference facilities that will enable students from all parts of the world to get photostatic copies of any desired item at small cost by mail. To do this and process the entire library with Dr. Broadman's new method would cost in the neighborhood of \$100,000.

The need for private or institutional sponsorship is growing urgent. Requests from scholars to use the library are turned down all the time, since it's packed away in bundles that would have to be opened laboriously and then tied up again. But more important, Dr. Broadman insists, other collections are being burned or blown up every day, and his may soon be the only one extant.

"Unless we preserve what we have of this mad civilization of ours," he points out with the pardonable cynicism of a man who has kept his nose buried in war for the past quarter century, "there will be no record for future generations."

# Assistant, partner—or tenant?

ANONYMOUS

☉ Just about the time he gets busy enough to groan about night calls, the physician begins thinking of getting a younger associate.

"Do I want an assistant or a partner?" he asks himself.

If the younger doctor is an assistant, he'll receive a flat salary, a commission, or both. If the arrangement is a partnership, a major proportion of the net income will go to the older M.D.; the remainder to the younger.

Most of us think only of these two possibilities. I know I did. Tried them both, too. And I didn't find either one entirely satisfactory.

Now I have a simpler, safer, and happier method. I make my younger associate a tenant. That's all.

He has his little office and pays me rent on it. He has the use of some of my heavier, fixed equipment (X-ray, physiotherapy cabinet, and the like) free with the rent. He pays 20 per cent of my secretary's salary, in return for her services to him.

Thus, he has his practice and I have mine.

Naturally, I take a personal interest in him, detour some of my patients his way, and pay him for whatever portion of my work he does. But the point is: This is all voluntary on my part. I don't owe it to him. It isn't written in any

contract that I *must* pay him anything or send him any patients. On the contrary, the only written document we have says that he has to pay me rent. Of course, I know it isn't always easy for a beginner to do this, so I make certain that he has enough of my overflow to meet the rent without undue difficulty.

Contrary to general opinion in the profession, this works out better for both of us. Under previous partnerships and assistantships, the juniors felt privately that they were doing the heavy work and that I was just a heartless exploiter of young talent. They made for inarticulate but unpleasant hard feelings. Moreover, whenever my various assistants or partners left to open their own offices, they always detached some of my practice in the process.

Today, on the other hand, when I give my tenant a patient, I know just what I'm doing and whom I'm transferring. And if I call on my tenant for temporary assistance, the patient knows that he is just pinch-hitting for me.

Patients see the tenant as a full-fledged doctor—a younger man, of course, but an M.D. in his own right. So they don't mind my calling him in. But when I used to ask an assistant to do some work, the patient often balked. Reason is that

people often think of an assistant as a sort of intern—somebody not quite a doctor.

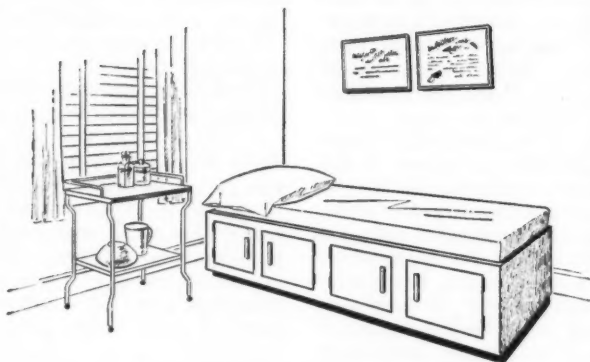
Under the old plan, if I asked my assistant to do a blood count or dress an incision, he resented getting "all the dirty work." Yet my tenant now accepts these assignments with a thank-you. He pockets the small fee (which eventually comes back to me in the form of his rent) and I don't feel like a Simon Legree.

The tenant arrangement is better for the younger man, too. He learns to shoulder responsibility sooner as an independent practi-

tioner with his own patients, than he did as an assistant. He doesn't have to live down the implied subordination that goes with being "only an assistant." He has the healthy feeling of earning his own way from the start, since he knows that in the long run I'm doing him no favors. His relationship with me is free of the strain that comes when a young man feels dependent on an older practitioner's bounty.

I've seen articles in MEDICAL ECONOMICS on how to set up a partnership and how to compensate an assistant. Maybe these are good plans.

But for somebody else. Not me.



## Couch-cabinet does double duty

❖ A couch is a mighty handy piece of office equipment. For emergencies, or for the patient who merely wishes to rest a few moments after treatment, it is a highly convenient accessory.

Trouble is, most couches take up a lot of room.

Dr. William H. Glass, of East Orange, N.J., solved this riddle with a single-size box spring and the help of a near-by furniture factory. The

latter constructed a frame support for the box spring, replete with four built-in storage compartments. Each compartment has its own hinged door. Linens go in the first, medicines in the second, office supplies in the third, current medical publications in the fourth.

Painted to match other furniture in the room, the couch-cabinet thus does double duty as resting place and storage space.

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# Economics Keynoted at A.M.A. Session

*Delegates approve mobilization proposal, hospital program, and coordination of medical service plans*

Out of the welter of words that echoed through the assembly rooms and the corridors of New York's Waldorf-Astoria Hotel during the A.M.A. convention\* in June, ten developments of medical-economic import stand out in relief. To wit:

## MOBILIZATION PROGRAM

The House of Delegates placed its wholehearted stamp of approval on an army-sponsored plan to recruit physicians in time of war. A main objective of the program is to keep isolated civilian communities from being stripped of medical personnel. In accordance with its provisions, members of the A.M.A. will be incorporated into a vast voluntary medical corps as follows:

The association will survey its members through State medical societies. Local groups will make individual records of stay-at-homes and of those eligible for military service. In addition, both State and local units will select institutions for training enlisted specialists and will coordinate medical service for civilians in war industries.

When the War Department issues M-Day calls for physicians,

\*Twelve thousand persons registered, comprising the largest number ever in attendance at any medical convention in the world.

these calls will be routed through the A.M.A. to State medical associations, thence to county and local medical societies.

## MEDICAL-SERVICE PLANS

In the interests of standardization, the House of Delegates voted to survey and coordinate the eighteen State medical and hospital insurance plans and the more than 1,000 local plans now contemplated or in operation.

The Bureau of Medical Economics has found that most existing and proposed medical-service plans set an upper income limit of \$2,000-\$2,500 for eligible families. Monthly costs vary from \$1.50-\$2.50 for individuals, with a maximum large-family charge of \$3.50-\$5.

## FEDERAL HOSPITALS

Delegates approved the President's low-cost hospital program, but with significant reservations.

Such hospitals, they declared, should be built only in communities where the need for them can definitely be shown and where the financial resources of the community are sufficient to allow the institution to operate properly.

Simultaneously, they objected to the fact that under the terms of the Wagner-George Bill which would

## MEDICAL ECONOMICS

authorize this program, the role of the National Advisory Hospital Council is automatically cut short at the end of the first year of operation. Thenceforth, full power to accept or reject applications for hospital projects would rest with the surgeon general of the Public Health Service. This, they felt, delegates undue authority to one man. It was strongly urged that the powers of the hospital council be extended, therefore, so that responsibility for the program would be shared continuously by the council and the surgeon general.

Discussion of the Wagner-George Bill led to a warning by one delegate that it constitutes a direct move toward the Federalization of medicine.

### FEE SCHEDULES

The Bureau of Medical Economics reported that it has compiled a list of average, minimum fees for some 606 medical services offered throughout the country. These figures should be useful, it pointed out, in determining equitable fees for various types of medical-service plans. According to the bureau, the A.M.A. has no intention of trying to establish standardized fee lists to which practitioners would be expected to adhere.

### STATE LABORATORIES

A resolution presented early in the session declared that laboratories operated by State boards of health frequently extend services to individuals regardless of their economic status. This, it said, has the effect of discouraging well-trained medical graduates from entering the practice of clinical pathology.

The resolution recommended that

State medical societies urge health authorities to limit laboratory service to requests from health officers and from physicians with patients unable to afford private facilities.

### AID FOR NEEDY M.D.'S

Help for the impoverished physician is the goal of a three-man committee appointed to study the establishment of a national doctors' relief fund. This committee will correlate the reports of sub-committees in the various States, and will report its findings at the A.M.A. convention next year.

### ANESTHESIA SECTION

Anesthetists have waged a fourteen-year campaign for a section of their own on anesthesiology. Such a section was established by the House of Delegates this year. Charter membership of the new group will total 900. Officers for its inaugural session at next year's convention will be picked by the A.M.A., thereafter by the section itself.

### BLOOD DONORS

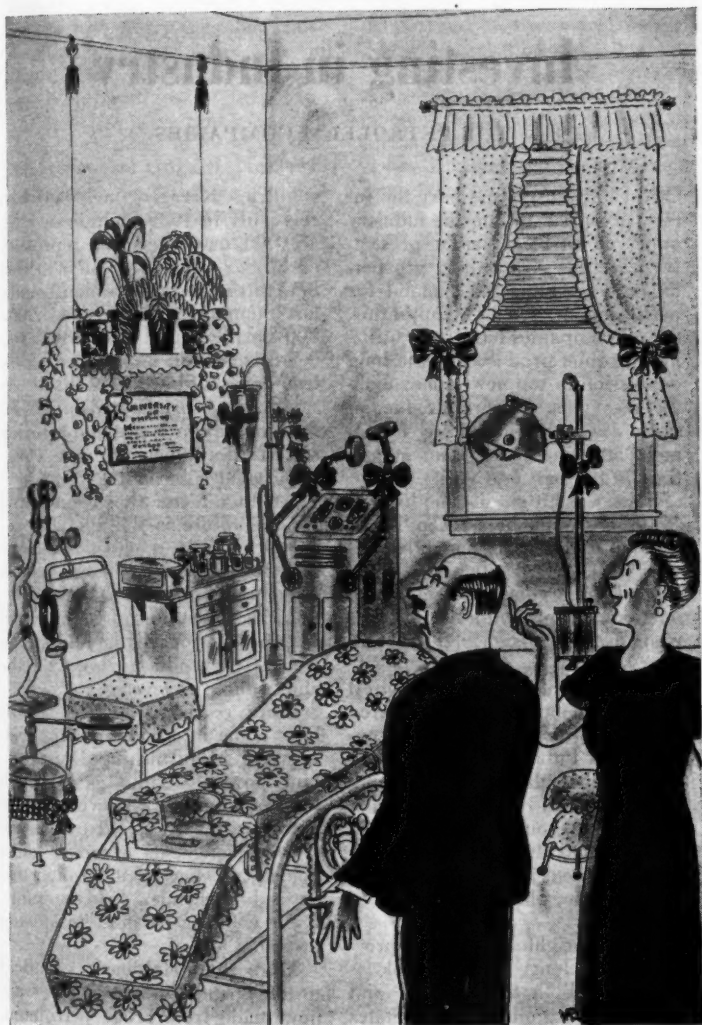
Among several resolutions voted down was one which proposed that all patients who presented themselves for Wassermann tests be blood-typed at the same time so that blood donors might be available in greater numbers. Delegates considered the proposal likely to lead to confusion.

### HEALTH MUSEUMS

Reminding conventioners of its campaign to educate the public, the A.M.A. urged State and local medical societies to promote the establishment of museums of health throughout the country.

—HENRY P. MALMGREEN

## Medical Tintypes



*"This is the surprise, dear. I did it while you  
were away at the convention!"*

# Investing in Industry

## THE PETROLEUM COMPANIES

⊛ Not in twenty years have the future prospects of the oil industry appeared as bright as at present. In peacetime or wartime, prosperity or depression, the demand for petroleum increases. On top of this, the oil companies have been utilizing the quiet produced by the long depression to tap new money-making resources. As a result, the industry is attracting more investment attention today than at any time in the past two years.

Sales will hit an all-time high in 1940. Earnings have been in an upward trend for nine months. Excess stocks of gasoline cloud the outlook somewhat but tighter production controls and a better European demand may right this top-heavy supply condition.

From a winter of record fuel oil demand, the industry has entered the season of heavy gasoline consumption. Public purchasing power is higher than last year and, with European travel shut off, motor touring should show a marked increase. Oil authorities expect a 5 to 7 per cent increase in gasoline demand over 1939, the previous top year.

Besides brighter immediate prospects, the long term outlook is favorable. Both the industry and most principal oil producing States are acting in concert to control production.

Total crude oil output for all

countries averaged 5,690,000 barrels daily in 1939. A little over 3,450,000, or 60 per cent, represented U.S. production. Production here threatened to get out of bounds last Summer, rising above 3,900,000 barrels daily. This trend was corrected by an unprecedented fifteen-day shutdown of wells in six States. Thus a new and highly effective weapon is at hand to bring stabilization whenever excess output becomes alarming.

Another factor that augurs well for the future is the evolution of petroleum into a chemical industry. Originally, oil companies dealt principally in kerosene. Gasoline, until the invention of the automobile, was considered merely a dangerous by-product. Now it's the chief source of revenue.

More recently, low grade oils have come into wide use for heating and in furnishing Diesel engine power. Certain gases which ten years ago were blown off as so much waste are found to contain chemical elements of great value. Scientists believe that through this expanding chemical field the industry is entering its most promising period.

More than 300 basic chemical products and 1,000 derivatives are now made from crude petroleum. These include plastics, alcohols, perfumes, insecticides, medicinal products, synthetic rubber, lac-

JULY 1940

quers, glycerine, anesthetics, refrigerants, inks, pigments, and even transparent wax paper that resists acids and will not burn. They all are steadily adding to sales and profit potentialities.

The oil industry ranks fourth in the United States in terms of capital investment, exceeded only by agriculture, the railroads, and public utilities. Sales exceed \$3,000,000,000 annually.

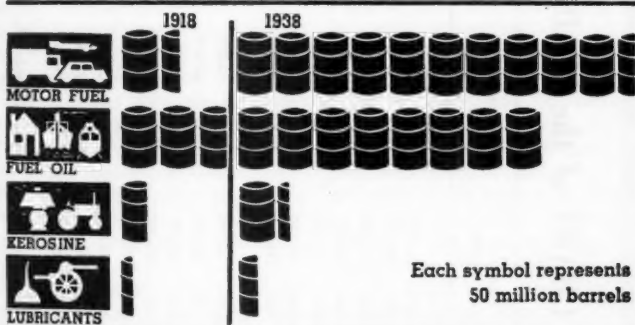
During the past twenty-four hours 500,000 men have delivered 60,000,000 gallons of gasoline into the fuel tanks of 12,000,000 motor vehicles from a million gaso-

line tanks in the United States. Such figures indicate the gigantic proportion of the petroleum industry's marketing activities.

Major oil producing States in the order of their importance in current production are Texas, California, Illinois, Oklahoma, Louisiana, Kansas, and New Mexico. The major oil fields abroad are in Russia and Venezuela, while important output also is found in the Dutch East Indies, Iran, Mesopotamia, Mexico, Rumania, Canada, and several South American countries.

All the major oil companies are

## U. S. CONSUMPTION OF PETROLEUM PRODUCTS



... AND MORE THAN 300 OTHER PRODUCTS



PARTLY OR WHOLLY MADE FROM PETROLEUM

# CLINICAL CHART of the LEADING PETROLEUM COMPANIES

	Sales*		Net earnings*		Earnings per share		Dividends		Capitalization		
	1939	1938	1939	1938	1939	1938	1939	1938	Funded debt*	Preferred Common	
Consolidated	\$215,337	\$214,760	\$7,540	\$7,737	\$0.55	\$0.55	\$0.80	\$0.80	\$70,296	none	13,751,726
Continental	81,111	80,151	6,304	5,139	1.35	1.10	1.00	1.00	21,071	none	4,682,572
Gulf	276,689	266,328	15,315	13,017	1.69	1.43	1.00	1.00	50,000	none	9,076,202
Humble	195,474	199,995	29,950	35,800	3.33	3.98	2.00	2.00	40,007	none	8,987,840
Lion	10,831	11,329	652	912	1.50	2.09	1.00	1.00	3,206	none	435,814
Mid-Continent	38,258	38,413	2,650	1,043	1.43	0.56	0.60	0.60	none	none	1,857,912
Phillips	112,928	111,899	9,833	9,049	2.21	2.03	2.00	2.00	33,598	none	4,449,052
Pure	94,286	104,741	8,290	5,412	1.11	0.38	0.25	none	2,361	721,956	3,982,013
Skelly	33,107	35,880	2,360	2,650	1.99	2.27	0.75	1.00	9,000	63,000	995,349
Socony-Vacuum	495,659	544,213	34,452	40,106	1.09	1.29	0.50	0.50	125,000	none	4,640,063
Standard (California)	177,650	180,848	17,862	26,876	1.38	2.22	1.10	1.40	25,000	none	13,003,953
Standard (Indiana)	344,450	335,996	34,142	27,771	2.24	1.82	1.25	1.00	8,713	none	15,272,014
Standard (New Jersey)	933,766	1,173,729	89,128	76,053	3.27	2.86	1.25	1.50	170,000	none	27,215,716
Sun	131,474	115,047	6,959	3,085	2.74	1.07	1.00	1.00	21,000	100,000	2,318,918
Texas Corp.	359,065	342,472	32,666	23,139	3.02	2.13	2.00	2.00	102,521	none	10,876,139
Tidewater	131,960	137,383	8,958	10,427	1.05	1.28	0.80	1.00	36,848	500,000	6,368,667

\*000 omitted a—plus stock dividends

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well integrated units, producing crude oil, natural gas, and natural gasoline; and refining the raw product into motor fuel (gasoline and Diesel oil), fuel oil (heating oil and kerosene), and lubricating oil. From these products, through joint arrangements on processes, the various chemicals are made. The major companies are also active in the transportation (tankers, pipe lines, barges) and marketing (filling station) fields.

Royal Dutch Company, a foreign holding company, is a leading factor in the world petroleum industry. Its interests extend to nearly all countries and in this country are represented by Shell Union Oil Corporation, a large producer and refiner.

Competing with Royal Dutch for international supremacy is the Standard Oil Company of New Jersey, which conducts crude operations in all important domestic oil fields except California, and has the largest crude reserves. Refineries are located the world over, while in this country products are marketed in the Atlantic seaboard and Gulf Coast areas. Large stock interests are held in the Humble Oil, Imperial Oil, and Creole Petroleum companies.

The Texas Corporation ranks as second largest crude producer and refiner. Its crude is obtained from all the leading domestic oil fields, and interests abroad are held jointly with Standard Oil Company of California in the Persian Gulf and Arabia, and with Socony-Vacuum Oil Company in Colombia. Texas also has a one-third interest in the crude-producing Seaboard Oil Company.

Besides the New Jersey and Texas

companies, other integrated companies with world-wide activities are Socony-Vacuum, Standard of California, and Gulf Oil Company. Socony handles the largest selling domestic brand of gasoline, with its greatest volume in the New York and New England areas. Interests are held in every important country except Russia. Gulf is the third largest producer and a large marketer in the East. This Mellon-controlled company also has a stake in the sulphur industry. Standard of California is the leading company on the Pacific Coast, where its most valuable properties are located.

Lacking extensive foreign activities but ranking as well integrated companies are Consolidated Oil Company, Phillips Petroleum Company, Standard Oil Company of Indiana, Sun Oil Company, and Tidewater Associated Oil.

Consolidated's pipe line system is one of the most comprehensive in the industry, and its marketing facilities are nationwide. Phillips is considered one of the more compact and efficient units and has been among the leaders in developing aviation gasoline. Standard of Indiana is the leading refiner and marketer in the Middle West. Its foreign crude holdings were sold to the New Jersey company in 1932.

Holding important acreage in the prolific East Texas field, Sun Oil is an unusually low-cost producer and distributor, concentrating sales outlets in major consuming centers. Tidewater is engaged in all branches of the industry on the Atlantic and Pacific Coasts and in the mid-continent area. Smaller yet complete units in the industry include Continental Oil Company,

Lion Oil Company, Mid-Continent Petroleum Company, Pure Oil Company, and the Skelly Oil Company.

The outstanding development of recent years in oil refining is the Houdry Process. Briefly, this catalytic process permits the extraction of larger quantities of high octane gasoline from crude oil than older processes. The Houdry development is jointly owned by Sun Oil and Socony-Vacuum, who expect to derive substantial benefits from its use at their plants and in royalties received from other refiners. Several companies, including Standard of New Jersey, Texas Corporation, Shell, and Standard of California are interested in other

catalytic processes which likewise give indications of tremendous advance.

Stocks of gasoline are at new high levels, and prices a shade lower than last year despite record demand. Solution of the current over-production problem lies largely with Illinois, the "bad boy" of the oil States. Formerly a negligible factor, Illinois has become the third largest crude producing State. Production nearly quadrupled in 1939, and it is the only major producing State that has not taken steps to control output. Indications are, however, that the Illinois fields have reached their peak and, with regulatory bodies stirring in other States, the situation soon may become less disturbing.

Every year geologists, scoffing at rumors of scarcity, find oil faster than it is consumed, albeit at greater cost. In the five years from 1935 through 1939 they found twice as much oil as was produced in that period and raised the nation's known reserves to nearly 18,500,000,000 barrels, a new high.

With the war, export demand dropped off in European markets that formerly bought the bulk of their oil here. Civilian use of petroleum was restricted and the Allied oil trade was shifted to the



#### CANDY-TIPPED DEPRESSOR:

The next time some frightened youngster objects vociferously to being examined, try soothing him first with a combination lollipop and tongue depressor now on the market. Known as Candi-Tips, it's an ordinary sterile tongue blade coated at one end with a clear sugar candy that comes in three flavors—lemon, lime, and orange—and has no coloring matter to interfere with an accurate diagnosis. Cost of these cellophane-wrapped pacifiers is \$1 for a carton of sixty, or \$5 for 340.

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**NO GREASE—NO MESS**

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Capricious though the stomach may be at times, it can be made to behave with CAL-BIS-MA, the gastric antacid designed for "stomach control." The stomach in a tantrum sheds no tears but it does pour out acid, more than is good for its own well-being.

Cal-Bis-Ma quickly neutralizes this acid and keeps it neutralized for some time. Colloidal kaolin and bismuth add their conciliatory sedative action, discouraging secondary acid rise. The stomach tends to resume its usual calm and goes normally about its digestive function. Cal-Bis-Ma performs its task unostentatiously, without even making the patient swallow an unpleasant dose.

Why not become acquainted with Cal-Bis-Ma? We shall gladly furnish a trial supply. Simply write for it on your letterhead. Cal-Bis-Ma may be prescribed in powder or tablet form. The powder is supplied in tins of 1½, 4 and 16 ounces; the tablets in boxes of 30 and bottles of 110.

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Near East and East Indies because of the foreign exchange situation. Now that hostilities (at this writing) are more active, export demand may become increasingly vigorous. Closing the Mediterranean to the Near East oil supply, if continued, would seem to have favorable implications for North and South American oil companies.

Petroleum shipped from Gulf ports of the United States or from Venezuela and Colombia would be transported less than 5,000 miles to English ports compared with anywhere from 8,000 to 13,000 miles if shipped by the Cape of Good Hope route. Tanker rates are substantially above pre-war levels and oil companies with large fleets such as Standard of New Jersey, Socony, Atlantic Refining, Tidewater, Texas, and Sun Oil should benefit from the tanker shortage.

Mechanization of the army and huge additions to the United States aircraft fleet will accelerate the domestic military demand for oil. A mechanized army of nearly one million men and an air force of 50,000 planes (4,000 at present) appear the ultimate goal. Such a defense program may call for expanded refinery facilities, although

present production of 30,000 barrels of aviation gasoline daily could be stepped up five times with only minor plant adjustments. About 3,400,000 barrels of aviation gasoline are in storage and one-fourth of current production is exported.

This growing demand for oil for military purposes is likely to continue on after the war. In addition, the post-war period should bring increased gasoline demand for civil aviation, a greater use of heating and Diesel oils, and new markets for chemical products.

Mexico in 1938 seized foreign-owned oil properties valued as high as \$400,000,000. Expropriation claims of one company, Consolidated Oil, were recently settled for \$8,500,000. No settlement has been reached with the firms hardest hit—Royal Dutch and Standard of New Jersey—and their claims probably will hang fire until after the Mexican presidential election.

Petroleum is the most heavily taxed of all American industries. Various oil levies represent over 10 per cent of all taxes collected by Federal, State and local governments. Last year oil taxes were

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- RELIEVES THE SYMPTOMS

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Thermometers are fragile and delicate instruments. Most physicians have accumulated more cases than they have clinicals on hand to put into them, so it is good policy to carry spares. We therefore offer B-D Medical Center Clinicals without cases in economical Professional Packages of three—and of six—at \$2.65 and \$5.25 respectively. Just tell your dealer what combination of oral, rectal or "security" bulbs you need. The price is the same.

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nearly four times earnings and five times the dividends paid to 1,250,000 stockholders.

First-quarter (1940) earnings of the oil companies were the best in three years. The improvement was due largely to record sales of fuel and lubricating oils at higher prices. With sales of oil heating equipment running 38 per cent ahead of a year ago, increased fuel oil volume is in prospect.

For the March quarter, twenty-one companies reported aggregate profits of \$42,589,000, as compared with only \$13,000,000 for seventeen companies in the similar 1939 period and a deficit of \$358,000 for the other four. Second-quarter profits probably will not reach the high levels of the preceding three months, but should be at least as large as a year ago.

Oil stocks are one of the most popular groups with the investment trusts. The largest investment trust oil stock holdings at the close of 1939 were in Standard Oil of New Jersey, Texas Corporation, Continental Oil, Socony, Standard of California, Phillips, and Gulf.

A favorable current investment factor with the oils is the fact that they are one of the most thoroughly deflated stock groups. Moreover,

inflation—a possibility which has received less attention recently—remains an ultimate risk, and against this the oils provide a tangible asset. Some students of the industry express a preference for the well-integrated domestic companies at this particular time because of uncertainties in the international situation.

To cite a final cardinal point in its favor, the oil industry has a better record of continuously increasing demand for its products than any other major industry. No wonder petroleum is sometimes referred to as "black gold."

—RAYMOND HOADLEY

## Editorial

[Continued from page 31]

lation and proscription as a trade and not as a profession. Hence the question: How far will this Government regulation and proscription go?

It's anyone's guess.

But—one thing is certain:

The move to place medicine within the purview of Federal regulation has only begun. It presents far more serious problems and will have infinitely graver effects upon medicine and upon public health than the outcome of the trial this Autumn can possibly have.—H. SHERIDAN BAKETEL

# CYSTOGEN

**METHENAMINE  
IN ITS  
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• THE DEPENDABLE URINARY

Cystogen has been found an ideal urinary antiseptic by many physicians because of these therapeutic manifestations: Cystogen eases renal and vesical pain; flushes the genito-urinary canal from the kidney to meatus and makes fetid urine non-odorous and non-irritating. Cystogen is well tolerated, an added reason why this effective urinary agent is regularly prescribed in cystitis, pyelitis, prostatitis, urethritis and other G-U infections. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Free samples on request.

ANTISEPTIC

CYSTOGEN CHEMICAL COMPANY, 190 BALDWIN AVENUE, JERSEY CITY, N. J.

## THE PATIENT WITH MILD DEPRESSION

THE patient with mild depression usually presents a clinical picture characterized by the following symptoms:

(1) apathy, discouragement and undue pessimism; (2) subjective difficulty in thinking, in concentrating and in initiating and accomplishing usual tasks; (3) subjective sensations of weakness and exhaustion; (4) hypochondria (undue preoccupation with vague somatic complaints such as palpitation or gastro-intestinal disorders which may have no organic basis).

If, in the judgment of the physician, such a patient will be benefited by a sense of increased energy, mental alertness and capacity for work, the administration of 'Benzedrine Sulfate Tablets', with their striking effect upon mood, will often accomplish the desired result. In favorable cases, the drug will also make the patient more accessible to the physician.

'Benzedrine Sulfate Tablets' should, however, be used only under the direct supervision of the physician, and their use by normal individuals to produce the above effects should not be permitted. In depressive psychopathic states the patient should be institutionalized.

*Initial dosage should be small,  $\frac{1}{4}$  to  $\frac{1}{2}$  tablet (2.5 to 5 mg.). If there is no effect this should be increased progressively. "Normal Dosage" is from  $\frac{1}{2}$  to 2 tablets (5 to 20 mg.) daily, administered in one or two doses before noon.*



## BENZEDRINE SULFATE TABLETS

Each 'Benzedrine Sulfate Tablet' contains amphetamine sulfate, S. K. F., 10 mg. (approximately 1/6 gr.)

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source of  
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MOLASSES  
IS OVER 80% AVAILABLE**

### QUICK SUMMARY

**RESULTS:** New Orleans molasses, known to be one of the richest food sources of iron, has now been proven to contain iron of from 80% to 97% availability.

**HOW TESTED:** (A) Chemically and biologically.<sup>1</sup>  
(B) Clinically.<sup>2</sup>

**SUGGESTED USES:** For infant and child feeding where its high calorie value plus iron content make molasses a valuable dietary asset; and to provide extra iron during pregnancy.

**AVAILABLE IRON CONTENT:** 0.653 mgs. per tablespoonful in Brer Rabbit Molasses—Gold Label grade. 1.078 mgs. per tablespoonful in Brer Rabbit Molasses—Green Label grade.

**SUGGESTED AMOUNT:** One to three tablespoonfuls daily. This may be taken plain, on bread, cereal, desserts or in milk. Physicians may vary the amount, depending on the iron need, age, condition and tolerance of the individual.

**BECAUSE** availability of iron, as well as total content, determines the value of an iron-supplying food, molasses is second only to beef liver as a source of assimilable iron.

To establish the facts as to the availability of iron in molasses made from Louisiana sugar cane, the makers of Brer Rabbit Molasses co-operated in carrying out chemical, biological and clinical research. THE MOLASSES USED IN ALL OF THESE EXPERIMENTS WAS BRER RABBIT NEW ORLEANS MOLASSES. Medicinal iron was used as the standard for comparison.

Chemical and biological tests now reported<sup>1</sup> show the availability of iron in Brer Rabbit Molasses to be over 90% in the Gold Label grade, in the Green Label grade over 80%.

Taste preferences for molasses differ.

Brer Rabbit comes in two flavors to meet all requirements. If a dark, full-flavored molasses is desired, specify Green Label Brer Rabbit (Molasses "B" in table). If a light, mild-flavored molasses is wanted, specify Gold Label Brer Rabbit (Molasses "A" in table).

Because of its low cost and palatability, may we suggest that you recommend the use of Brer Rabbit New Orleans Molasses where a higher iron content in the dietary is desirable? Penick & Ford, Ltd., Inc., Manufacturers of Brer Rabbit Molasses, New Orleans, La.

**TABLE<sup>1</sup>**

	Total iron mg/100 gm	Per cent avail- ability	Available iron mg/100 gm
MOLASSES "A"*	3.2	97	3.1
MOLASSES "B"***	6.0	85	5.1
BEEF LIVER	8.2	70	5.7
OATMEAL	4.8	96	4.6
APRICOTS (dry)	4.1	98	4.0
EGGS	5.1	100	5.1
WHEAT	5.0	47	2.4
RAISINS (Muscat)	3.0	62	1.9
PARSLEY	5.2	30	1.6
BEEF MUSCLE	3.0	50	1.5
OYSTERS	5.8	22	1.3
CABBAGE	1.8	72	1.3
MUTTON	5.1	24	1.2
LETTUCE	1.5	63	0.9
SPINACH	2.6	20	0.5

\*Brer Rabbit—Gold Label \*\*Brer Rabbit—Green Label

1. Am. J. Dig. Dis. Vol. VI, No. 7 (Sept.) pp. 459-62, 1939

2. Clinical research completed. Paper being prepared for publication.

Reprints of these papers will be sent physicians on request.



# THE NEWSVANE

## N.P.C. Will Advertise

A barrage of National Physicians' Committee propaganda will shortly burst upon the public, predicts Dr. Edward H. Skinner, of Kansas City. A member of the N.P.C. executive board, Dr. Skinner explained that advertising will be splashed through national magazines to inform readers of the true nature of professional objectives in the fight against State medicine.

This form of counter-attack has been made necessary by the activities of literary fifth columnists, who allegedly have planted Government-inspired stories in these same publications, Dr. Skinner said. He added:

"The Government is guilty of a great deal of propaganda that is reducing public confidence in the profession. It is our job to influence that public in the interest of the principles that have brought about the enviable position of our profession. We must counteract the influence of the ghost writers."

If the drive materializes, it will be the N.P.C.'s first major bid for lay support. Up to now, it has concentrated chiefly on influencing physicians and politicians.

## Mrs. Washington's Rx

The drug store where George Washington's mother took the family prescriptions may become an American shrine. Title to the Fredericksburg (Va.) landmark has been offered to the American Pharmaceutical Association by the local Citizens' Guild, which seeks to insure its preservation.

The shop was opened in the mid-eighteenth century. Its proprietor was

Hugh Mercer, a fellow soldier of the first President during the French-and-Indian Wars. The Father of Our Country himself is credited with picking the location. Among the valuable documents and equipment it houses are Mercer's accounts of the Washington family prescriptions. Favorite Washington remedies, as revealed by these records, were "bark" and "toddy."

## States Bar "Gag Rule"

The right of a county medical society to dissent from the action of its parent body was upheld recently in California and New York.

In California, the State association's house of delegates vetoed a resolution prescribing expulsion for "any county society that does not work with the majority." Introduced by Dr. Jesse L. Carr, of San Francisco, the measure was apparently directed at the Sacramento unit, which has consistently refused to participate in the State's voluntary health insurance program.

A similar situation arose in New York when an attempt was made to alter the State society's by-laws. The proposal would have forbidden county affiliates, their officers, and committees from engaging in "activities contrary to the policies" of the State group. It was unanimously rejected by the house of delegates.

## M.D.'s Survey Politics

For some time, Government and social-worker groups have confronted the profession with unfavorable surveys of its accomplishments. Now the New York State Medical Society has turned the tables by surveying the

## MEDICAL ECONOMICS

State's welfare work. Among the society's findings:

"A chaotic condition exists throughout the State. There is complete lack of standards, medical or economic. No attempt is made to gauge the quality of medical care. The profession plays almost no part in the program.

"Medical men have no authority to maintain professional standards. They act only in an advisory capacity in a few localities where welfare officers have sought their advice. Contract medicine flourishes. In many places, free choice of physicians is limited by welfare officers according to their own preferences.

"Nearly everywhere decisions on medical questions are made by lay workers. The scale of 'temporary emergency' fees has been frozen into the permanent program. No appreciable reduction has been made in the red tape in billing. Many physicians prefer to treat welfare patients without charge, rather than make out voluminous reports to collect a minimal fee.

"Clinics are exploited to avoid private fees to physicians who staff them. No satisfactory standards have been set to enable the medically-indigent, not eligible for relief, to receive needed care.

"Fees less than those in workmen's compensation [are justified] on the ground that the doctor is contributing to relief. The doctor already pays

taxes, and contributes free service in clinics and wards."

Calling inadequate welfare work "the most important problem facing the medical profession," the society recommended that the program's medical aspects be brought under the supervision of physicians.

### Parachute Physicians

Emulating the tactics of German troops, an increasing number of Russian physicians are parachuting to the bedsides of patients in isolated districts. One Soviet practitioner—Dr. A. A. Poll, of Odessa—is the veteran of 194 such jumps.

### Wanted: One Paragon

At this writing, New York City can't find a physician properly qualified to serve as deputy hospital commissioner—at \$6,500 a year.

Dr. S. S. Goldwater, present commissioner, suspects that the shortage of applicants may be due to the requirements. These call for familiarity with a long list of problems, ranging from alcoholics to the WPA. Candidates must be residents of the city for at least three years. Besides knowledge and experience, Dr. Goldwater says, they will be rated on their "kindliness, tact, guts, patience, and English." Applications may be addressed to the New York City Department of Hospitals at 125 Worth Street.

[Turn the page]

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VAGINAL DOUCHE**  
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catarrh, temporarily reduce disagreeable odor  
in leucorrhoeal discharges and aid in control-  
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JULY 1940

## BACK ON THE *Active* LIST

The physician has often seen a capable, intelligent person on whom a family is dependent—hampered and shackled by arthritis, sinking into a state of mental despair which aggravates the insidious onslaught of this crippling disease.

Now the physician has available a therapeutic agent that enables him to bring hope for a new lease on active life to the arthritic.

This is Ertron—Whittier Process Vitamin D—which, due to its combination of high potency and unusual freedom from toxicity, has proved itself of outstanding merit in the treatment of chronic arthritis.

The efficacy of Ertron therapy in the arthritides has been attested in a number of recent authoritative contributions to the literature, as well as in thousands of cases in daily practice.

Ertron is available in capsules of 50,000 U.S.P. units; bottles of 50 and 100. Insist on Ertron and adequate dosage.

# ERTRON

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## MEDICAL ECONOMICS

Dr. Goldwater describes the position as full of heartbreaks. But, he continues, the successful aspirant ought to enjoy "at least one laugh a week"—provided that he "is able to preserve his sense of humor." The commissioner confesses, however, that he himself can't remember when he last laughed.

### Wilbur on Economics

Doctors must ground themselves in economics to fulfill their responsibilities toward society, in the opinion of Dr. Ray Lyman Wilbur. In an address before the California Medical Association, he declared: "The doctor's relationships to the social sciences, economics, officials, armies, and industry make it important for him to understand economics, history, psychology, and politics."

Stressing that "the physician's power has become of vast significance,"

the Stanford University president described the duties of today's practitioner as those of a "biological engineer." He asserted that "proper guidance by a biological engineer would make it possible for us to avoid war."

As an instance of the individual physician's importance, Dr. Wilbur pointed out that the fate of nations may hang upon the health of a single patient. Said he: "The state of the blood vessels of a president, sugar in the blood of a prime minister, blood-pressure in a general may have profound influence on decisions involving millions of people."

### Refugee Haven Planned

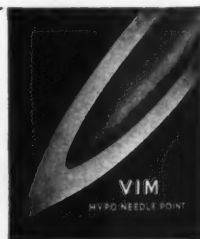
A new medical center is slated for opening this Fall in New York City. Christened the "Gorgas Institute of Medical Science," the enterprise is expected to comprise undergraduate



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Yes, I said—

"VIM holds its sharp point"



That's why I always specify VIM . . . the needle with the long-lasting sharp point. That way, I am not bothered with dull points. VIM is made from genuine stainless *cutlery* steel. You need genuine *cutlery* steel for needles as well as knives.



Write VIM on your next needle order . . . and forget dull points. VIM holds its point.

Made from Firth-Brearley Cutlery Steel  
"The 'Sterling' of Stainless Steels"

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JULY 1940



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of the Nutritional Anemias*

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**WYETH'S BEEF LIVER WITH IRON**

A palatable complete preparation for nutritional anemia, BĒPRON contains in each ounce the total soluble constituents of two ounces of unfractionated beef liver including the essential water-soluble dietary factors of liver, the specific pernicious

anemia fraction of Cohn and the secondary anemia fraction of Whipple, and 4 grains of iron (Fe) as ferrous-ferric saccharate. Available at all prescription pharmacies in 8 and 16 oz. bottles. Complete literature on request.



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## MEDICAL ECONOMICS

and postgraduate medical schools, and schools of dentistry, optometry, podiatry, and public health. For its faculty the institute will draw heavily from the ranks of refugee M.D.'s.

Most active sponsors of the project are Dr. Simon Ruskin and Max Steuer, the attorney. They have petitioned the State board of regents for a charter.

Tentative plans call for the center to be housed in a twenty-two-story building on Manhattan's West Side. Originally erected as a luxury sanitarium, it has been foreclosed for taxes. Affiliations with several municipal hospitals have also been proposed.

Heavy financial support is reported assured. In two days' campaigning, \$450,000 was pledged. A \$25,000,000 endowment can almost be guaranteed, the regents have been informed.

Policy of the institution will be strictly non-sectarian, Dr. Ruskin revealed. Its student body, he said, would include scholars whose courses abroad were interrupted by the war and who are unacceptable to other schools in this country.

### Boon for the Bibulous

When breath, blood, or urine tests are forced on a motorist, evidence of intoxication thus obtained cannot be admitted as evidence against the defendant in Texas courts. In making

this ruling, Attorney General Gerald C. Mann stated that such evidence would be admissible only when given voluntarily.

Citing several cases in which State courts have refused to require physical examinations, the attorney general based his action on the State constitutional provision that no person accused of a criminal offense shall be compelled to give incriminating evidence.

### Killed With Kindness

Well-meaning friends are killing "thousands" of patients with inaccurate medical advice, charges Dr. Felix A. Hennessy. Pointing out that health has "conversationally arrived" among the laity, the Iowa State Medical Society president adds that one result of this development is frequently "delayed surgical action and treatment." He urges the profession to combat this situation through publicity.

### Goldwater Heads A.H.S.

Dr. S. S. Goldwater has accepted the presidency of the Associated Hospital Service of New York, largest Blue Cross plan in the U.S. Dr. Goldwater will continue as Commissioner of Hospitals for New York City. David H. McAlpin Pyle, acting president, will continue as board chairman.

Citing as meritorious the service

## BURNHAM SOLUBLE IODINE IN HAY FEVER

Hypothyroidism and autonomic imbalance may be implicated. Prescribe 15 drops "B.S.I." t.i.d. 15 minutes before meals in 1/2 glass of water.

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- ▲ B.S.I. medication indicated
  - ▲ Try B.S.I. and calcium lactate.
  - ▲ Cost of 15 drops t.i.d. 6c daily.
  - ▲ Write for sample with literature.
- Auburndale, Boston, Mass.

Dress Your Next Burn, Abrasion, Laceration Or Other Wound With

**UNGUENTUM MORRHU-COMP**

Hart's Cod Liver Oil Compound Ointment  
Stimulates epithelization and promotes healing with minimum scar formation.

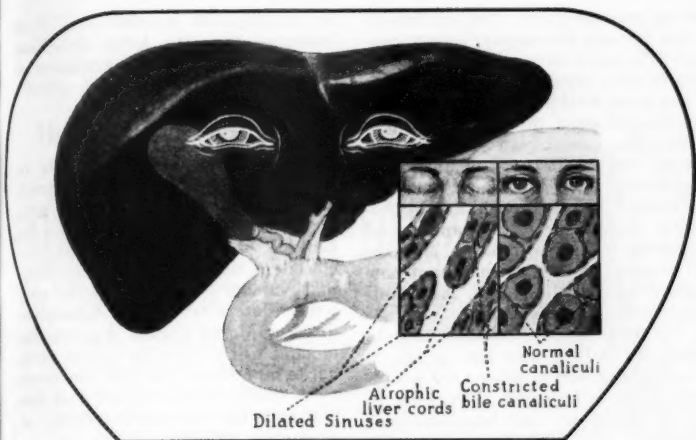
All Indications For Sulfanilum  
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**ALKAMID TABLETS**

Each tablet contains 5 grains Sulfanilamide with 5 grains Sodium Bicarbonate to protect against acidosis and minimize gastric distress

WRITE GRADY SENT ON REQUEST — HART DRUG CORPORATION, MIAMI, FLA.

JULY 1940



## SLEEPY LIVER

When "stasis" threatens the biliary tract, the "torpid liver" may be awakened from its lethargic state by bile acid stimulation.

Ketochol provides hydrocholeresis, increases bile volume by an average of 144%\*, flushes the biliary tract, thereby relieving congestion.

## KETOCHOL

a combination of the oxidized, or keto forms of those bile acids (cholic, desoxycholic, chenodesoxycholic, and lithocholic) normally found in human bile.

*Indications:* chronic cholecystitis, cholangitis, biliary stasis, and related conditions.

Average dose: one tablet t.i.d. with or immediately after meals.

Supplied in bottles of 100 and 500 tablets.

\*Ivy, A. C. et al: Amer. Jl. Dig. Dis., November, 1938.



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## MEDICAL ECONOMICS

being rendered to five million Americans through the country's sixty non-profit hospital-service plans, Dr. Goldwater also revealed that the A.H.S. "has been working with the medical profession on a program to supplement the present plan so that in addition the expense of medical and surgical service in hospitals may be covered." He predicted that a program would shortly be announced whereby regularly employed workers in income groups which cannot now afford to join the A.H.S. may avail themselves of its benefits.

Mr. Pyle took the occasion to state that the A.H.S. now has 1,250,000 subscribers, 400 of whom are admitted daily to hospitals. Payments to hospitals, he said, are being made at the rate of \$8,000,000 a year. He added that 92.5 per cent of A.H.S. subscribers who have been hospitalized have received full hospitalization coverage in their particular illness.

### Aliens Arouse Illinois

Alarmed by the granting of eighty Illinois licenses to foreign graduates during the past year, physicians in that State are demanding legislation forbidding issuance of such licenses to non-citizens. A resolution in the hands of the State medical society's executive council adds: "Illinois is a Mecca and dumping ground

for incompetent practitioners." It is indicated that the latter definition is also meant to include graduates of "unapproved" U.S. medical schools.

### Wet Nurses on the Shelf

Physicians may shortly be able to prescribe mother's milk in the knowledge that it is obtainable at any grocery. Discovery of a new process for canning this commodity was disclosed at the recent National Biennial Nursing Convention in Philadelphia. Maternity Center Association director Mabel Corbin declared the method will permit the human product to be retailed just like condensed cows' milk. She predicted that this will save the lives of "hundreds" of premature babies.

### Kansas Aides Organize

Kansas now has a Medical Assistants' Association—open to doctors' secretaries. Fathered by Dr. Charles Rombold, the new organization was born on "Secretary's Day" at the recent Kansas Medical Society convention.

Society heads had made reservations for 150 girls. But they were hardly prepared for the bevy of beauty that descended upon them from all over the State and as far away as north Oklahoma and Missouri. No less than 325 secretaries accompanied

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JULY 1940

## THE OLD GENTLEMAN COULDN'T SIT DOWN

Pain and discomfort are the lot of the hemorrhoidal sufferer, be he young or old. But hemorrhoids and other rectal diseases may be especially distressing in the aged. There is greater likelihood of aggravated or chronic conditions, and often the relief promised by operative measures is contraindicated.

For such patients, ANUSOL Suppositories are prepared to bring comforting relief. Quickly as the suppository melts at body temperature, the emollient, soothing and protective ingredients of Anusol exert their favorable influence. Irritation and inflammation are relieved, congestion and bleeding controlled. Yet, there is no masking of the pain symptom by a narcotic, or an anesthetic or analgesic. Anusol does not rely on drugs that may create a sense of false security; any improvement that follows is genuine.

Let Anusol prove to your satisfaction that it is designed for the rational treatment of hemorrhoids and other rectal conditions. A trial quantity will be gladly sent, if you will write us on your letterhead.



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HEMORRHOIDAL SUPPOSITORIES  
are available for prescription  
in boxes of 6 and 12.

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## MEDICAL ECONOMICS

their medical lords to the meeting. In addition, messages of inquiry and congratulation poured in from physicians' helpers in Canada, Colorado, Missouri, Ohio, and Wisconsin.

A skit, demonstrating office technique, was put on by the Topeka Secretaries' Club. Other features included a symposium on handling patients, a talk on "personality," and entertainment. One of the gathering's chief advantages, physicians observed, proved to be the informal exchange of office ideas between the assistants.

The medical society also benefited indirectly through highly favorable publicity. As one newspaperman expressed it:

"This is the best-looking convention I've covered!"

### Ladies of Warfare

Women physicians have at last broken into Britain's Royal Army Medical Corps. Tory members of the army

council at first swallowed hard at the suggestion that the ladies be accepted into the all-male group. However, facing a shortage of male enlistments, they agreed to let down the bars—provided the ladies are not granted commissions.

The women may wear the corps' caduceus, but without the motto "In Ardius Fidelis." Which has provoked this observation by The Lancet: "No doubt an excellent compromise, though it might have been more tactful to allow the motto and remove the serpent."

### G.H.S. Widens Benefits

Broadened benefits are announced by Group Hospital Service, the St. Louis hospitalization insurance plan. With a "surplus sufficient to meet normal care for months to come," the organization's directors have decided to extend its services rather than slash premiums. After the first of this

## YOUR PATIENT DOES NOT CARE

particularly, whether an asthmatic attack is allergic or otherwise. He or she demands *relief*.

Some excellent authorities caution against the use of Morphine, Ephedrine or Epinephrine for the relief of asthmatic paroxysms.

Many physicians employ and approve the use of

## RESPIRAZONE (Tilden)

whose content of Sodium Bromide, Potassium Iodide, Ipecacuanha, Lobelia, and Leonurus cardiaca, appears to relieve, or greatly mitigate, the spasmodic condition of the respiratory tubes.

● Sample and descriptive literature will be sent to any interested physician on request.

## THE TILDEN COMPANY

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Oldest Manufacturing Pharmaceutical House in America  
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JULY 1940



## Summer Activities and PRURITUS



**T**HE tormenting pruritus of ivy and oak poisoning, so frequently encountered during the outdoor season; the heat-intensified pruritus ani, vulvae or scroti, and the itching of perspiration-aggravated eczema, ringworm, intertrigo, multiple insect bites and urticaria quickly yield to Calmitol. Not only is relief obtained with dramatic promptness, but a single application usually suffices to hold pruritus in abeyance for several hours.

Because of its contained ingredients (chloro-camphoric aldehyde, levo-hyoscine oleinate, and menthol in an alcohol-chloroform-ether vehicle), Calmitol Ointment blocks the further transmission of offending impulses, exerts a mild antiseptic action, contributes to resolution by local hyperemia. In obstinately severe pruritus, Calmitol Liquid is recommended, except on sensitive areas or denuded surfaces.

*Thos. Leeming & Co. Inc.*

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# CALMITOL

THE DEPENDABLE ANTI-PRURITIC



## MEDICAL ECONOMICS

month, subscribers will be entitled to these additional boons: Emergency room service in accident cases; fourteen days' care in general hospitals for tuberculosis, mental and nervous disorders, social diseases, alcoholic and drug conditions; and all "special medications" required while hospitalized, except pneumonia serum, oxygen, and glucose.

### Massachusetts Moves

The Massachusetts Medical Society has met the challenge of Health Service, Inc., Boston's independent health insurance organization popularly known as the White Cross. It has decided to launch its own prepayment plan.

Society officials deny that they are motivated by the appearance of their unsanctioned rival. Nevertheless, it is unofficially admitted that the counter-move was spurred by a society investigation in which the White Cross was spot-lighted.\*

The profession-controlled organization will provide voluntary health insurance for the low- and moderate-income classes. Every practitioner in the State will be invited to participate, permitting subscribers a wide choice of physicians denied them under the White Cross plan.

The proposed set-up will further protect beneficiaries financially by

\*See "Bees'-Nest in Boston," May (1940) MEDICAL ECONOMICS.

incorporating under the State insurance laws, which require a certain cash reserve. This, too, is in contrast to Health Service.

Nor will members be solicited; education of patients regarding the program's advantages will be left in the hands of their family doctors.

Before the service can become a reality, however, enabling legislation must be passed. Unable to obtain this prerequisite in a previous attempt, Massachusetts medical leaders expect the bill they are now drafting to succeed in next year's session of the State legislature.

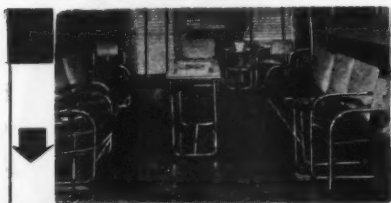
### Industrial Ills Decline

Sickness among industrial workers is decreasing, though more among men than women, according to the U.S. Public Health Service.

Records of various industrial sickness-benefits organizations for the period 1921-1938 show that males in the iron and steel, public utilities, and miscellaneous industries are less frequently victims of bronchitis, diseases of the pharynx and tonsils, pneumonia, and respiratory tuberculosis.

On the other hand, appendicitis, diseases of the circulatory system (including heart diseases), and non-industrial injuries are all reported on the upgrade among both men and women.

Another disease showing marked-



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JULY 1940



Dear Doctor—can you use this piece of string?

**A**PIECE OF STRING comes in handy to tie around your finger when there's something you want to remember. We use it here to remind you that...

1. The caffeine in coffee, (even in small amounts), may dull the sense of fatigue, at the same time causing the sleeplessness that robs the system of rest. Also, as you well know...

2. The use of coffee may be contraindicated in certain cardiac and nervous conditions. If continued, its use may cause loss of appetite, pulse irregularity, constipation, diarrhea, etc.

**NOTE TO DOCTORS:** Try Sanka Coffee yourself—at our expense. Mail the coupon for a quarter-pound can. Sanka Coffee has been accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden." Sanka Coffee is available in "regular" grind, and in the popular, new "drip" grind. Make Sanka Coffee strong... a heaping tablespoon to a cup. A General Foods Product.

3. And the effects of caffeine, like the effects of any stimulant, may last as long as 48 hours, in many cases!

4. Many physicians, at the first sign of harmful effects from caffeine, tell the patient to "Switch to Sanka Coffee." Because Sanka Coffee is 97% caffeine-free, and so cannot produce any of the harmful effects due to caffeine.

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## SANKA COFFEE

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GENERAL FOODS,  
Battle Creek, Mich.

M. E. 7-40

Please send me, free and without obligation,  
a one-quarter pound can of Sanka Coffee.

Name

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City  State

This offer expires December 31, 1940  
Good only in the U. S. A.

ly higher incidence throughout the country as a whole, according to a simultaneous report of the Public Health Service, is poliomyelitis. Cases for 1939 totaled 7,272, a rate of 5.6 per 100,000 population, as compared with 1,705 or 1.3 per 100,000 during 1938.

## Takes Staff for Ride

A little over a year ago, George Tait was charged with the theft of an automobile. The court was merciful. He was sent to Grasslands Hospital, Valhalla, N.Y., for psychiatric treatment.

Doctors at the institution administered the recommended treatment and corrected his harelip and cleft palate.

The other day, Tait left the hospital—in an automobile stolen from a member of the staff.

This time, upon his arrest, the court was not so merciful. It ordered him to jail pending arraignment before a grand jury.

## Changes Engulf C.P.S.

The California Physicians' Service is undergoing sweeping changes of policy. Officials of the voluntary health insurance organization have been handed a new broom by the State medical association—along with orders to get busy. Reason: Nearly a year's operation has netted only a reported 12,000 patients.

First move to bolster the membership rolls, it is predicted by Coast practitioners, will be a proposed deal with the State government. The State, it is said, will be asked to turn over 350,000 relief clients to the C.P.S.

for treatment, together with a sizeable subsidy. The organization's subscription drive is also said to contemplate the negotiation of contracts for the care of student-patients.

Meanwhile, to attract the \$100-a-month-and-under group, institution of lower premiums is believed imminent. A State society committee is considering this step following charges by Dr. Alson Kilgore, C.P.S. secretary, that the present \$2.50-a-month rate is keeping out the low-income classes.

A fourth suggestion—to enroll individuals as well as groups—has been tabled. It was designed chiefly to bring in farmers.

## Pharmacopoeia to Meet

A special convention of the United States Pharmacopoeia will be held within the next two years to consider means of achieving closer cooperation between the medical and pharmaceutical professions. Normally, the group gathers only once in every decade. The special meeting was decided upon recently by a unanimous vote of U.S.P. delegates. A committee of physicians, research chemists, and pharmacists will make recommendations at the special meeting.

## Urges Medical Merger

Whether a number of Government medical agencies can be successfully administered by a single department may be tested in New York City. The unification principle—advocated for the Federal government by organized medicine has been called to the attention of Mayor Fiorello H. La Guardia by Hospitals Commissioner

# MAXITATE

Maxitate is supplied in  $\frac{1}{4}$  gr. and  $\frac{1}{2}$  gr. tablets. Write for Folder No. 6.

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## PROLONGED... ...VASODILATION

in Essential Hypertension and Angina Pectoris. Maxitate is the longest acting (5-6 hrs.) vasodilator of the nitrite group.

JULY 1940

## Grapefruit and the Growing Child



A GROWING CHILD requires twice as much calcium, and twice as much Vitamin C per kilo of body weight, as a normal healthy adult.

While milk is undoubtedly the best food source of calcium, the addition of citrus fruit to the diet causes an increased assimilation and retention of the calcium contained in milk and other foods.

Citrus fruits in generous quantities supply the abundance of Vitamin C required by the growing child, as well as other vitamins, mineral salts, citrates, and easily digestible sugars, in a form which appeals to all children alike.

Grapefruit, long considered a luxury, is now within the means of the greater part of our population. As a variant and supplement to other citrus fruits, grapefruit juice increases the child's intake of vitamins and minerals which are essential to the growth of straight, strong bones and sound teeth.

Once a child acquires the taste for grapefruit juice, it is relished at all times. It is a palatable, healthful bev-

erage, and in canned form is high in all the values attributed to fresh fruit. Furthermore, canned grapefruit juice is economical, convenient to use and readily available the year around.

The Citrus Commission of the State of Florida has just issued a treatise on the subject of citrus fruits in their relation to health; a copy will be sent to any member of the medical profession upon receipt of the attached coupon.

**FLORIDA CITRUS  
COMMISSION  
STATE OF FLORIDA**



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Gentlemen:

Please send me your book, CITRUS  
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The statements in this advertisement  
are based on the following numbered  
references in "Citrus Fruits and  
Health": 8, 47, 51, 56, 59, 60.

S. S. Goldwater. Under Dr. Goldwater's proposal, nearly all municipal medical services would be brought under centralized control. He believes that this would eliminate expensive and wasteful "overlapping" of separate bureaus.

## Camera Gives "The Inside"

The fact that operations within certain body cavities could not be demonstrated to colleagues has long annoyed surgeons. Now a means of achieving this feat is promised by the reported discovery of three Atlanta (Ga.) doctors—Edgar G. Ballenger, Reese C. Coleman, and Harold P. McDonald. They claim, in The Southern Surgeon, to have taken successful color photographs of the interior of a functioning bladder. This was assertedly accomplished by hooking a miniature camera to a cystoscope. Professional comment on the experiment suggests that such pictures might be taken at various stages of an operation, for later demonstration; that similar success might be met in photographing the inside of the lungs, head, and stomach.

## Yale Man Hits Harvard

Harvard Medical School's proposal to admit dental students\* is a "babe's dream," in the eyes of William J. Gies. The president of New York's

Academy of Dentistry thus labelled it in a recent address before the New Jersey Dental Society. Gies maintained that medicine and dentistry are separate professions and should be kept that way. Claiming that Yale had tested a similar merger in 1929, he declared that the results had proved it "impracticable." He suggested that Harvard donate the \$1,500,000 it is raising for the experiment to dental research.

Gies is a former Yale professor.

## Doctors Aid Defense

In the next few months physicians will undoubtedly be invited to pay more attention to military medicine. Proposed national defense measures are creating new problems whose solutions call for medical knowledge.

There is, for instance, the matter of the high "ceiling" demanded by present aviation tactics. The Army Medical Corps knows from recent experiments that a flier can go just so high without special equipment. At 18,000 feet, Dr. Harry G. Armstrong demonstrated, the average pilot feels like he has imbibed "ten or twelve cocktails." At 25,000 feet, he is apt to lose consciousness; at 30,000, he is literally at the gates of heaven. If he can draw upon oxygen, however, he can climb to 33,000 feet without the slightest difficulty.

Seeing that oxygen reaches him in handy form is, as the Government

**LAVORIS**

A cleansing, stimulating mouthwash. Helps promote healing.

Patients gladly use it

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*benefited by*

## KNOX GELATINE (U.S.P.)

The effectiveness of utilizing plain Knox Gelatine in treatment of peptic ulcer has recently been reported.\* In a group of forty patients, 36 (or 90%) were symptomatically improved; 28 of these (or 70%) experienced immediate relief of all symptoms. Other than dietary regulation which included frequent feedings of plain Knox Gelatine, no medication was given except an occasional cathartic.

This simple food regimen has the advantage of eliminating "alkalosis hazard" and is credited with "more prolonged neutralization of the gastric juice."

PLAIN (*Sparkling*) KNOX GELATINE (U.S.P.) was used in this study.

**PEPTIC ULCER FORMULA.** Empty one envelope Knox Gelatine in a glass three-quarters filled with cold water or milk. Let the liquid moisten the gelatine. Then stir briskly and drink immediately before it thickens. Take hourly between feedings for seven doses a day.



## KNOX GELATINE

IS PURE GELATINE—NEUTRAL  
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\* "PEPTIC ULCER—The Effect of High Protein Diet on the Behavior of the Disease" by Windwer and Matzner, Am. J. Dig. Dis. 5:743, 1939.

KNOX GELATINE

Johnstown, N. Y., Dept. 448.

Please send me above reprint.

Name \_\_\_\_\_

Address \_\_\_\_\_

## MEDICAL ECONOMICS

sees it, one of the doctor's new duties.

Pressure-suits, worn in setting altitude records, are impractical for military use because of their stiffness. Air-pressure chambers are too easily punctured. A possible remedy is an oxygen mask developed by Dr. Walter M. Boothby, of the Mayo Clinic. Designed especially for combat flying, it covers only the mouth, nose, and chin. The amount of oxygen can be controlled by a thin tube and rubber valve. Members of the Association of American Physicians, who tried it out, report it to be quite comfortable and practical.

Then there are the complications produced by the bombing of battleships. This is making the sailor's life—never quiet—noisier than ever. So much so that the navy, with the help of its medical corps, is devising ways of "soundproofing" its seamen. Among the suggestions: Rubberized shoe coverings—to reduce bone conduction of sound—and super ear-plugs!


Poison gas apparently has not seeped into the current conflict—to date. Nevertheless, the possibility of its employment eventually is not being overlooked by physicians. Compared to some of the other horrors unveiled lately, The Journal A.M.A. finds gas a "humane," as well as effective, weapon.

Lieut. Col. William D. Fleming, of the army medical corps, reports: "Airplane dispersion will greatly increase the range of chemical warfare and casualties in civilian personnel. The chief medical problem will be quantitative rather than qualitative. Greater casualties may be expected from agents now known than from a new agent."

Protection of those attending gassed troops against "contamination by toxic agents on the casualties," he adds, will be "difficult."

Despite recent newspaper stories about bacterial warfare, Dr. Fleming believes it is something the doctor

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**HEMABOLOIDS ARSENIATED WITH STRYCHNINE**

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A higher iron content than most iron medicaments.

**ASSIMILABILITY**  
Organic iron combination is completely assimilable.

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Non-irritating, non-constipating.

**CONVERTIBILITY**  
Iron content entirely convertible into hemoglobin.

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Hemabolooids—for treating hypochromic anemia or as a general tonic. Also with arsenic and strychnine.

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## HAVING A BABY?

**Regular medical care during pregnancy is vitally important. Your doctor can regulate diet to provide minerals, iron and vitamin content so essential to good teeth and sound physical development in the baby. Ask his advice on feeding infant.**

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NURSING BOTTLE  
AND NIPPLE

**SAFER** because  
easier to clean!

**SEE YOUR  
DOCTOR  
REGULARLY**

**SPECIAL OFFER TO HOSPITALS**  
Hospitals may now buy Hygeia Bottles and Nipples at approximately the same cost as ordinary equipment.

**HYGEIA NURSING BOTTLE COMPANY**  
197 Van Rensselaer St., Buffalo, N. Y.

can forget about, because it is "as great a hazard to the user as to the enemy."

With American volunteer ambulance units in France reporting a frightful casualty toll, another problem is posed: How are the wounded to be moved to treatment centers amid a hail of shells, bombs, and machine-gun bullets?

Some Army surgeons think that plating ambulances with armor might help. To this, others would add caterpillar treads, instead of wheels, to enable them to cross shell-cratered battlefields.

The Germans, according to Lieut. Col. John Dibble, have partially solved this problem by transporting their wounded in airplanes. During the Polish campaign, Dibble told the Illinois State Medical Society, 2,500 casualties were evacuated in small planes of low landing speed. This has the drawback, Nazi medical officers have discovered, of producing unfavorable reactions in certain patients—especially post-operative, pneumonia, shock, and open-wound cases.

## Sydenham Squabble

Headlined in New York newspapers earlier this year, and reported in MEDICAL ECONOMICS, was an account of an altercation among physicians on the staff of Manhattan's Sydenham Hospital. Culmination of the disturbance—caused by disagreement over

the institution's policies—was an alleged fist fight between Staff Doctors Alfred M. Hellman and Julius Jarcho, which was said to have resulted in injuries to feelings and ribs being broken.

Various reports have been given of the episode. Latest report, received last month, is that although feelings were hurt, no fist fight occurred and there were no broken ribs.

Dr. Jarcho is chairman of the medical board of the hospital. Dr. Hellman is president-elect of the New York County Medical Society.

## Care by Compulsion

Powers of Government health officers are greatly expanded under a proposed revision of the District of Columbia health code. As outlined to the District Commissioners by Health Officer George C. Ruhland, the new regulations would bring the health officer to the patient's bedside in many cases.

All persons suspected of having a communicable disease would be required to "submit to examination by the health officer." If the patient was found to be suffering from any of nine diseases, and the officer thought it advisable, he could be "removed to a hospital or other place designated by the health officer"—whether he liked it or not. The nine diseases are diphtheria, gonococcal infections, meningococcus meningitis,

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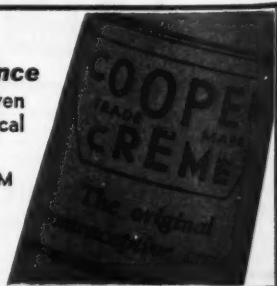
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JULY 1940

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## in IMPETIGO



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**AMMONIATED MERCURY** with KAOLIN

Controlled clinical tests have shown that the healing time in Impetigo Contagiosa has been reduced by half when Wyeth's Alulotion Ammoniated Mercury with Kaolin was used on the impetigo lesions instead of the frequently employed ammoniated mercury ointment.\*

\*Jrl. Med. Soc. New Jersey, 36, 442 (July) 1939.

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**JOHN WYETH & BROTHER, *Incorporated***  
**PHILADELPHIA** **PENNSYLVANIA**

## MEDICAL ECONOMICS

ophthalmia neonatorum, poliomyelitis, scarlet fever, early syphilis, tuberculosis, and typhoid fever.

Another suggested change would add twenty-two diseases—ranging from botulism to undulant fever—to those the private M.D. must now report to health officials. A third section would give hospitals, laboratories, and X-ray technicians twenty-four hours to notify the health department of any evidence of communicable disease in their hands.

The proposals are said to have been approved by the District Medical Society.

### Meet "Typhoid Sally"

"Typhoid Mary" Mallon, deposed by death as queen of the carriers, has a successor. She is "Typhoid Sally," a discovery of the New York State Department of Health.

Compared to her predecessor's record of responsibility for fifty-four cases, Sally is something of an amateur, officials admit. Only eleven cases have been traced to her. But, they hasten to add, in some ways she even surpasses her late rival. For four years running, they point out, she caused an epidemic at a hotel in which she worked. And she is believed to have been infected for nearly the last half-century. This is eighteen years longer than Mary.

The two have other points in common, according to the department. They were both cooks. Both were otherwise in good health. And each was "thoroughly unreliable."

Because of the last, Sally has been fined \$25 for violating the sanitary code.

### Public Health Diplomas

Postgraduate courses to prepare physicians for growing numbers of public health posts are now available at Columbia University's Institute of Public Health. The course has been established to answer the demand for M.D.'s with special training, according to Dr. Willard C. Rappleye, dean of the Columbia College of Physicians and Surgeons. The degree of doctor of public health will be awarded after two years of study and field work in this specialty. The course is open only to doctors.

### The Fatal Hour

Patients are most likely to die in the daytime, reports Dr. Emil Bogen. After studying 16,411 non-accidental fatalities, the Los Angeles' physician repudiated the theory that the favorite hour for leaving this earth is just before dawn—"when the vitality is lowest." More people give up the ghost between 6 A.M. and 6 P.M. than

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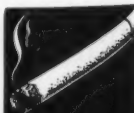
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UVURSIN is an ethical product worthy of your attention. It is a mild, innocuous oral treatment for diabetes and can be administered alone or as an adjuvant.

We know of no better way to demonstrate the efficacy of UVURSIN than to have you test it and see the improve-

ment in one of your own cases.

Let UVURSIN write its own record in the case history of one patient. Then judge it on results.

Coupon below will bring you a quantity sufficient for a 27-day trial without cost or obligation.

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JOHN J. FULTON COMPANY, 88 First Street, San Francisco.

Please send me 27-day supply of UVURSIN without cost or obligation.

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# THE EFFICACY OF BROMIDIA (BATTLE)

Each fluid ounce of Bromidia provides ext. hyoscymus, 1 gr.; potassium bromide, 91 gr.; and chloral hydrate, 91 gr. Contrary to other sedative agents, Bromidia offers the distinct advantage that the dosage is easily adjusted for the mildest form of sedation or the refreshing sleep of dependable hypnosis relatively free from side effects. Physicians are urged to include the name Battle in their prescriptions to guard against substitution.

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# for Mild Sedation or Profound Hypnosis

at any other time, he finds. The grim reaper's blade is dullest, he adds, from 11 A.M. to 2 P.M. and from 11 P.M. to 2 A.M. Among the factors Dr. Bogen believes determine the hour of passing are humidity, rain, sunlight, temperature, and phases of the moon.

## Infant Mortality Drops

America's infant mortality reached an unprecedented low in 1939. Preliminary tabulations just released by the U.S. Census Bureau show the rate for the year to have been 48 per 1,000 live births. This compares to 51 per 1,000 in 1938, and 54.4 per 1,000 in 1937. The advance was shared by forty-two States and the District of Columbia.

## State Venture Fizzles

When President Roosevelt was Governor of New York, one of his pet projects was the State's Reconstruction Home in West Haverstraw. Largely as the result of his interest, it was developed into a "model" institution for the care of crippled children.

No public expense was spared. Buildings sprouted up like weeds—twenty-six in all. Elaborate equipment, including swimming pools and corrective baths, was installed. A huge power plant was built. Machine shops were constructed to manufacture braces for the patients. So many employees were hired that a new

**OLIODIN**  $\frac{3}{32}$   
(DeLeaton Nasal Oil with Methyl Salicylate)  
For head colds and conditions requiring an iodinated oil.

**OPHTHALMIC SOLUTION No. 2**  
( $\frac{1}{2}$  fl. oz.) (DeLeaton Eye Solution)  
For external eye conditions requiring the use of a solution containing Oxycyanide and Cyanide of Mercury with Zinc Sulphate and Boric Acid. Astringent, cleansing, non-irritating eye solution.





Send for literature on these and other products.  
**THE DE LEATON CO.**  
Capitol Sta., Albany, N. Y.

JULY 1940

community came into being with the hospital as its center.

Yet today, recent investigation discloses, the State institution and its staff of 232 has only ninety-one patients!

Root of the trouble, State officials admit, is that the public still prefers the private hospitals. Parents bring pressure on judges to send their children to private institutions. Some of the judges themselves are said to ignore the State hospital. Many communities, which have to foot the bills, insist upon private hospitalization because of its lower cost.

Alarmed by the Reconstruction Home's shrinking clientele are its medical board, employees, and Governor Lehman.

The former has voted unanimously that something must be done. The employees fear the loss of their jobs (about 100 have already been fired). And the Governor has called a conference of State officials to attempt a solution of the riddle.

## C.M.A. Grills Witnesses

West Coast physicians are out to reform the present system of introducing expert medical testimony in court. A committee appointed by the California Medical Association feels that private professional witnesses are likely to show partiality. One of the alternatives being considered is for local medical societies, instead of pri-

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## BISMUTH-KAOLIN (FLINT)

**A Superior Colloidal Suspension for Use in Gastrointestinal Dysfunction**

Without danger of causing impaction in the bowel, Bismuth-Kaolin (Flint), a new, improved adsorbent, offers these decided clinical advantages:

**Remains in uniform colloidal suspension—vastly superior to usual crystalline suspensions.**

**Adsorbs, fixes and evacuates pathogenic bacteria.**

**Counteracts excessive gastric acidity.**

**Soothes intestinal irritability and hypermotility.**

**NOTE:** Bismuth-Kaolin (Flint) contains a balanced dose of bismuth and kaolin together with a little vegetable mucin to prevent stasis in the bowel.

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**PELTON AUTOCLAVE**

Fits your needs and pocketbook...  
kills all pathogenic organisms... auto-  
matic, noiseless, fast. Write for details.

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vate physicians, to furnish expert information. This would be done at the request of the court, rather than of individuals involved in the case. Following its study, the committee will request any legal changes required to put its recommendations into effect.

Applauding the move, The San Diego Union sums up the flaws in the present system with this erudite observation:

"When two doctors of equal ability testify to opposite theories, somebody is wrong."

## President Pardons Cook

Dr. Frederick A. Cook, central figure of a series of famous controversies, made the headlines again recently when he was taken, critically ill, to a hospital in Port Chester, N.Y.

The physician, now 74, earned worldwide notoriety in 1909 by claiming

to have discovered the North Pole. For five days, he was a hero. Then Admiral Peary filed a counter-claim—and scientists believed the Admiral.

Another Cook assertion was that he was the first man to scale Alaska's Mt. McKinley. This was also discredited.

Then the doctor revived forty defunct oil companies with capital obtained by presenting certain claims to the stockholders. For this, he went to Leavenworth for five years. Later, the wells turned out to be gushers. He was paroled in 1930.

Finally, in 1936, Dr. Cook sued various publications for \$125,000 worth of libel. His claims were not allowed.

Not long ago, the doctor professionally attended the wife of a friend, Ralph von Ahlefeldt, who had accompanied him up Mt. McKinley. For three weeks, day and night, the doctor remained at her bedside. After she died, he collapsed and was taken

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# Sanmetto SOOTHES

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in urogenital infections and dysfunctions.  
**SAFE IN ACTION • SATISFACTORY IN RESULTS**

Sanmetto, a very palatable formula, is equally effective in acid or in alkaline urinary secretion.

Excreted in the kidneys, it descends against infections, cleansing and soothing inflamed and irritated mucous membranes.

It prepares involved areas for rapid healing.

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to other therapeutic measures, it is valuable in the prescription for pyelitis, cystitis, prostatitis, enuresis and before or after surgical urogenital procedures.

Sanmetto is a preparation of Sandalwood, Saw Palmetto and Zea. Alcohol 20.6%. One to two drams every four hours, four times a day, is considered the optimum dose.

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# Hematinic Plastules

**SOLUBLE  
FERROUS  
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● The iron in Hematinic Plastules is ferrous iron—easy to take, easy to assimilate. In the soluble, ferrous state this iron is readily available for conversion into hemoglobin.

Hematinic Plastules usually hasten the restoration of normal hemoglobin levels without the untoward effects of massive iron feedings.

Suggested dosage—three Hematinic Plastules Plain or six Hematinic Plastules with Liver Concentrate, daily.

**Rx** Hematinic Plastules Plain or  
Hematinic Plastules with Liver Concentrate  
for the treatment of secondary anemia  
Available in bottles of 50's and 100's

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**MODERN IRON THERAPY**



to the hospital.

There a pardon, signed by President Roosevelt, was read to him.

"Great—happy", he gasped, and lapsed into a coma. It is reported that he has since recovered.

## Contraception Classes

Seeking information about the teaching of contraception in medical schools, the Association of Medical Students looked in vain for an up-to-date source of information. Even the American Medical Association, in answer to a query, said it hadn't the desired facts.

Finally, the group drew up a questionnaire and sent it to the deans of seventy-seven American and Canadian medical colleges. To check on the deans' statements, similar questions were forwarded to students at the same institutions.

### Results of the survey:

Forty-five schools claim to have some provision for the teaching of contraception. Ten offer no instruction in this subject at all. In seven schools, students and dean disagree as to whether it is taught. In six of the disputed cases, the dean insists that the field is "thoroughly covered" although students confess to ignorance of any training. In the single remaining instance, it was the dean who denied that instruction is given, while the students said lectures were presented without his knowledge.

Other schools did not answer.

The Association concludes that the trend toward including birth control instruction in medical school curricula is sharply up. But, it adds, the consensus of student opinion is that present courses are "grossly inadequate." Where none at all is given, it blames: (1) Catholics, (2) faculty indifference, (3) faculty buck-passing, and (4) legal restrictions.

## Just published

### BOOKS

**DOG TEAM DOCTOR**, by Eva G. Anderson. The experiences of an M.D. in Alaska. (Caxton, \$2.75)

**UNCONQUERED ENEMY**, by Boris Sokoloff. A report on the fight against cancer. (Greystone, \$1.75)

**YOUR LIFE IS THEIR TOY**, by Emanuel M. Josephson, M.D. A discussion of medical and social service rackets. (Chedney Press, \$3.50)

**HEALTH IS WEALTH**, by Paul de Kruif. Summing up the fight for a national program of health conservation. (Harcourt, Brace, \$2)

**FINANCIAL SECURITY IN A CHANGING WORLD**, by Merryle S. Rukeyser. An examination of investment, family budgeting, and business problems. (Greenberg, \$2.50)

*For Obstinate Cases of ECZEMA*

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*Instead of Black Coal Tar Ointment*

Unlike black coal tar, SUPERTAH does not stain or cause skin burns or pustulations. It is white . . . and as therapeutically effective as black coal tar.

\*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases." P. 66

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